HCFA

Forms Information Catalog



Health Care Financing Administration
Office of Budget Administration
March 1990

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FOREWORD

The HCFA FORMS INFORMATION CATALOG is a compilation of the forms produced by the Health Care Financing Administration to manage the Medicare/Medicaid programs. The purpose of such a catalog stems from the need to provide a concise and up-to-date report of forms information activity. Distributed by the Office of Budget and Administration, the Division of General Services, for use throughout the Department of Health and Human Services, this catalog, consisting of three reports, is published annually. Monthly supplements are available upon request.

The HCFA FORMS INFORMATION CATALOG consists of the following reports: Active Forms, Forms Listed by Sponsoring Component, and Obsolete Forms. The forms are listed numerically in each report. A glossary of the abbreviations and codes used to describe over 800 form entries appears as part of this introduction (see Index A).

The usefulness of the FORMS INFORMATION CATALOG as an effective resource guide is dependent in large part on timely processing of accurate and complete forms status information. Users' of this catalog are encouraged to assist us in maintaining correct information found in this text. To ensure that new information about the status of a form is transferred from the user to the editors of this publication in timely and organized manner, we recommend that such information be submitted to the person designated as the Bureau Printing and Distribution Liaison Officer (PDLO). Consult Index B for a complete listing of the Central/Regional Office PDLOs.

To order additional copies of the FORMS INFORMATION CATALOG, or to obtain further information about this publication, contact the HCFA Forms Management Staff at 966-7863 or FTS 646-7863.

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1. FORM NUMBER

A number assigned for management control consisting of the following elements:

Prefix- Alpha characters showing the responsible agency's identification;

HA- Hearings and Appeals
HCFA- Health Care Financing Administration
HCFA-L- Health Care Financing Administration Letter
SF- Standard Form

Number- The unique set of up to four digits assigned to each form;

e.g., 2552

Suffix- A grouping of up to six alpha/numeric symbols denoting; year, series and other special use descriptions. Most frequently occurring special use codes are;

FC- Foreign Claims
INST- Instructions
PR- Puerto Rico
S- Simplified Version
SC- Sensor Code
SP- Spanish Version
T- Test
U- Union

Construction- A two character description denoting construction written in parenthesis;

(C)- Computer Pinfeed Version (followed by a number denotes page count)
(CD)- Card
(BK)- Book
(F)- Folded
(FO)- Folder
(LB)- Labels
(PC)- Post Card
(SE)- Set
(SH)- Single Sheet
(SM)- Self Mailer
(TC)- Tab Card
(TR)- Transparency
(U)- Unit set (followed by a number denotes page count)

2. **FORM TITLE**
The form's full title (space permitting) or an abbreviated version;

e.g., "HOSPITAL COST DATA"

3. **EDITION DATE**
Month and year of usable edition;

e.g., 12/84

4. **SPON OFF (SPONSORING OFFICE)**
Current component responsible for text of form;

BMHA- Bureau of Medicare Hearings and Appeals
BDMS- Bureau of Data Management and Strategy
BPD- Bureau of Program Development
BPO- Bureau of Program Operations
BQC- Bureau of Quality Control
HSQB- Health Standards and Quality Bureau
OA- Office of the Administrator
OEO- Office of Executive Operations
OACT- Office of the Actuary
OBA- Office of Budget and Administration
OPHC- Office of Prepaid Health Care
OPA- Office of Public Affairs
ORD- Office of Research and Demonstrations
PRRB- Provider Reimbursement Review Board

5. **USER**
Form audience;

AB- Intermediary/Carrier
HQ- Headquarters
OR- Originator of Form
PA- Part A Intermediary
PB- Part B Carrier
PC- Program Service Center
RO- Regional Office
RR- Railroad Retirement Board
SA- State Agency
SS- Social Security

6. **SUPPLY SOURCE**
Storage location;

AUT- Automated form - Electronically transmitted information
DOT- Department of Treasury
FLD- Field Offices
GSA- General Services Administration
HHS- Health and Human Services
HSS- HCFA Supply System
LOC- Locally Reproduced
RGO- Regional Office
SPO- Sponsoring Office
SSI- Social Security Internal
SSS- Social Security Supply System
SSF- Social Security Field Office

7. **PRI ACT (PRIVACY ACT)**
Forms that collect personal information;

Y-Yes
N-No

8. **PUB USE (PUBLIC USE)**
Forms requiring a response from 10 or more members of the public and/or forms used to inform the public;

Y- Yes
N- No
O- EOMB Approved

9. **OMB NUMBER (EXECUTIVE OFFICE OF MANAGEMENT AND BUDGET NUMBER)**
Denotes Executive Office of Management and Budget to collect information;

e.g., 0938-9999

10. **EXP DATE (EXPIRATION DATE)**
Month and year in which EOMB approval ceases;

e.g., 8/82

11. **YEAR OBSOLETED**
Month and year in which form is deactivated;

e.g., 7/82

INDEX B - PRINTING AND DISTRIBUTION LIAISON OFFICERS

REGIONAL PDLOS

I.	**BOSTON**	DORA EVERETT Room 1309 JFK Federal Building Boston, MA 02203	 FTS 835-1258 617-565-1258
II.	**NEW YORK**	MAURICIA ELEBY Room 3800 26 Federal Plaza New York, NY 10278	 FTS 264-3657 212-264-3657
III.	**PHILADELPHIA**	RICHARD MALESICH P.O. Box 7760 Attn: Admin. Officer Philadelphia, PA 19101	 FTS 596-0571 215-596-0571
IV.	**ATLANTA**	GERALDINE P. COMPTON Suite 702, Marietta Towers 101 Marietta Street Atlanta, GA 30323	 FTS 841-2240 404-331-2240
V.	**CHICAGO**	JERRY GREEN HHS/HCFA Region V 105 Adams, 15th Floor Chicago, IL 60604	 FTS 353-3876 312-353-3876
VI.	**DALLAS**	SUE KOFAHL Room 2000 1200 Main Tower Building Dallas, TX 75202	 FTS 729-6423 214-767-6423
VII.	**KANSAS CITY**	JEWEL BROWNING Room 220 601 East 12th Street Kansas City, MO 64106	 FTS 867-3539 816-426-3539
VIII.	**DENVER**	LAUREN SMITH Room 581 Federal Building 1961 Stout Street Denver, CO 80294-3538	 FTS 564-4024 303-844-4024

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IX.	**SAN FRANCISCO**	ROSIE NORRIS 4th Floor 75 Hawthorne Street San Francisco, CA 94105	FTS 484-3602 415-744-3602
X.	**SEATTLE**	ARLETTA BOLES HHS/HCFA 2201 6th Avenue, Mailstop RX-44 Seattle, WA 98121	FTS 399-0442 206-442-0442

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HEADQUARTERS PDLOS

ORGANIZATION	CONTACT	LOCATION	TELEPHONE
OFFICE OF THE ADMINISTRATOR (OA)	SHIRLEY WEBB	700 EHR	966-3151
PROVIDER REIMBURSEMENT REVIEW BOARD (PRRB)	GERRI WILLIAMS	104 PROF	966-2041
OFFICE OF EXECUTIVE OPERATIONS (OEO)	MELISSA STERLING RUSTY WILLS	766 EHR 690 EHR	966-5228 966-5249
OFFICE OF PUBLIC AFFAIRS (OPA)	MARLYN HARRISON	305H HHH	426-8392
ASSOCIATE ADMINISTRATOR FOR COMMUNICATIONS	ANITA BRETZFIELD	428H HHH	245-6165
OFFICE OF BUDGET AND ADMINISTRATION (OBA)	CHERYL FUNK	575 EHR	966-7857
OFFICE OF LEGISLATION AND POLICY (OLP)	CARLEEN TALLEY	339G HHH	245-8220
HEALTH STANDARDS AND QUALITY BUREAU (HSQB)	TERRY CHOLEWCZYNSKI PAT DUFFY	2-D-2 ME 2-D-2 ME	966-2149 966-4287
OFFICE OF RESEARCH AND DEMONSTRATIONS (ORD)	GERRI MICHAEL DYER ALICE YOUNG	1-A-9 OM 1-A-9 OM	966-6572 966-6575
BUREAU OF QUALITY CONTROL (BQC)	JEANNETTE MCKINLEY SUSAN MCCANN	233 EHR 233 EHR	966-3340 966-3244

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HEADQUARTERS PDLOS (Cont'd)

ORGANIZATION	CONTACT	LOCATION	TELEPHONE
BUREAU OF PROGRAM OPERATIONS (BPO)	LINDA KEARNEY	3-B-4 ME	966-5890
BUREAU OF PROGRAM DEVELOPMENT (BPD)	MARIAN KOENIGSBURG GLYNIS JOHNSON	139 EHR 139 EHR	966-5631 966-5675
BUREAU OF DATA MANAGEMENT AND STRATEGY (BDMS)	TONI CINCIBUS DEBBIE THOMAS	2-A-12 SOP 2-A-12 SOP	597-2451 597-2427
OFFICE OF THE ATTORNEY ADVISOR (OAA)	PAM POLLARD	669 EHR	966-3175
ASSOCIATE ADMINISTRATOR FOR POLICY (AAP)	MARY MCLEAN	743 EHR	966-4166
OFFICE OF ASSOCIATE ADMINISTRATOR FOR OPERATIONS (OAAO)	BETTY STATON	784 EHR	966-4187
EQUAL OPPORTUNITY OFFICE (EOO)	JOANNE WELLER	601 EHR	966-5111
OFFICE OF PREPAID HEALTH CARE (OPHC)	HENRIETTA CUNNINGHAM	4360 COHEN	245-0818
OFFICE OF THE ACTUARY (OACT)	BARBARA FREEBURGER	100 EQ05	966-6375
ASSOCIATE ADMINISTRATOR FOR MANAGEMENT (AAM)	MIKE ODACHOWSKI SHERRY CLARK	742 EHR 742 EHR	965-8477 965-8476
OFFICE OF BENEFICIARY SERVICES (OBS)	STEVE PUSATERI	648 EHR	966-3214

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ACTIVE FORMS

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1 (SH)	REQUEST FOR FORMS ACTION	02/90	OBA	HQ		N	N		
HCFA-2 (SH)	INFORMATION FOR CLEARANCE OF PUBLIC USE FORMS	08/77	OBA	HQ	SPO	N	N		
HCFA-6 (U6)	NOTICE OF GRANT AWARD	09/84	OBA	OR	SPO	N	N		
HCFA-7 (CD)	APPLICATION ACKNOWLEDGEMENT RECORD	09/79	OBA	OR	SPO	N	N		
HCFA-8 (CD)	HCFA ANNUAL PASS	12/89	OBA	HQ	SPO	N	N		
HCFA-9 (U4)	HCFA PROPERTY PASS	12/89	OBA	HQ	SPO	N	N		
HCFA-18 (F5)	APPLICATION FOR HOSPITAL INSURANCE	10/84	BPO	SS	HSS	Y	O	0938-0251	05/91
HCFA-18-SP (F5)	APPLICATION FOR HOSPITAL INSURANCE	06/84	BPO	SS	SSS	Y	O	0938-0251	05/91
HCFA-25 (BK)	MEDICAID PROGRAM BUDGET REPORT	11/88	BPO	SA		N	O	0938-0101	10/91
HCFA-29 (U4)	REQUEST TO ESTABLISH ELIGIBILITY	05/78	HSQB	SA	HSS	N	O	0938-0074	05/90
HCFA-35 (C3)	LABORATORY FEE REMITTANCE	11/89	HSQB	SA	HSS	N	N		
HCFA-40 (C1)	MEDICARE CARD ENROLLMENT FORM	04/81	BDMS	HQ	HSS	N	Y		
HCFA-40-B (SH)	APPLICATION FOR ENROLLMENT IN SMI	01/90	BPO	SS		N	Y		
HCFA-L40-D (SH)	APPLICATION FOR MEDICAL INSURANCE UNDER MEDIC	01/90	BDMS	HQ	SPO	N	N		
HCFA-40-D (TC)	APPLICATION FOR ENROLLMENT IN SMI	09/83	BDMS	OR	SS	N	Y		
HCFA-L40-D-SP (SH)	SPANISH LANGUAGE LETTER-UN AVISO IMPORTANTE	01/90	BDMS	HQ	SPO	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-40-F (TC)	APPLICATION FOR ENROLLMENT IN SMI	11/81	BDMS	HQ	SPO	N	Y		
HCFA-40-1966 (CD)	APPLICATION FOR ENROLLMENT IN SMI	07/88	BPO	SS	HSS	N	N		
HCFA-41 (SH)	QUARTERLY SHOWING	12/81	BQC	HQ	SPO	N	O	0938-0061	10/92
HCFA-43 (BK)	APPLICATION FOR ENROLLMENT IN HI/SMI (ESRD)	08/81	BPO	SS	HSS	N	O	0938-0080	03/91
HCFA-55 (LB)	HHS/HCFA MAILING LABEL	05/89	OBA	HQ	SPO	N	N		
HCFA-56 (LB)	HCFA MAILING LABEL	01/82	OBA	HQ	SPO	N	N		
HCFA-57 (LB)	ADVISORY COUNCIL ON SOCIAL SECURITY	09/89	OA	HQ	SPO	N	N		
HCFA-64 (BK)	QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	11/88	BPO	SA		N	O	0938-0067	10/91
HCFA-70 (CD)	PERSONNEL FOLDER CHARGE-OUT CARD	06/89	OBA	HQ	SPO	N	N		
HCFA-76 (PC)	CHANGE OF ADDRESS POSTCARD	11/84	OBA	OR	SPO	N	N		
HCFA-76-A (PC)	CHANGE OF ADDRESS CARD	06/80	OBA	OR	SPO	N	N		
HCFA-79 (U2)	HCFA TRAINING EVALUATION FORM	06/89	OBA	HQ	SPO	N	N		
HCFA-83 (SH)	TELEPHONE REPORT	12/78	BPD	OR	SPO	N	N		
HCFA-88 (BK)	SNF COST DATA EXTRACTION FORM	06/84	BPD	OR	SPO	N	N		
HCFA-89 (SH)	SNF COST DATA	01/81	BPD	OR	SPO	N	N		
HCFA-113 (CD)	QUARTERLY PIP REPORT CONTROL CARD	04/79	OBA	OR	SPO	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-127 (U2)	REQUEST FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	12/90
HCFA-127-A (U2)	TRANSMITTAL OF REQUESTS FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	12/90
HCFA-127-C (C2)	REQUEST FOR MEDICARE PAYMENT	07/79	ORD	OR	SPO	N	O	0938-0091	12/90
HCFA-128 (SH)	RECORD OF EXIT INTERVIEW	05/81	OBA	OR	SPO	N	N		
HCFA-129 (SH)	EMPLOYEE CLEARANCE & ACCOUNTABILITY FORM	05/81	OBA	OR	SPO	N	N		
HCFA-132 (BK)	SURVEYOR INVENTORY MARCH 1983	01/83	HSQB	SA	SPO	Y	Y		
SF 135 (SH)	RECORDS TRANSMITTAL & RECEIPT	06/76	OBA	AB	HHS	N	N		
SF 135-A (SH)	RECORDS TRANSMITTAL RECEIPT	07/85	OBA	PA PB	SS	N	N		
HCFA-139 (SH)	TELEPHONE SERVICE REQUEST	08/79	OBA	OR	SPO	N	N		
HCFA-144 (U7)	FACILITIES MODIFICATION REQUEST	08/79	OBA	OR	SPO	N	N		
HCFA-145 (SH)	APPLICATION FOR GOVERNMENT ID CARD	10/88	OBA	OR		Y	N		
SF 148 (U8)	ORDER FOR SUPPLIES/SERVICES SCHEDULE CONTINIA	09/81	OBA	HQ	SPO	N	N		
HCFA-150 (U3)	SUSPENSE NOTICE	08/79	OBA	OR	SPO	N	N		
HCFA-L151 (C1)	GRANT AWARDS LETTER	07/88	BQC	HQ	SPO	N	N		
HCFA-L154 (SH)	REQUEST FOR MEDICARE PREMIUM PAYMENT	07/84	OBA	OR		N	Y		
HCFA-158 (U4)	CONFERENCE ROOM RESERVATION REQUEST	10/79	OBA	OR	SPO	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-160 (U4)	APPLICATION FOR SPECIAL WOODLAWN PARKING	11/79	OBA	OR	SPO	N	N		
HCFA-162 (SH)	BUREAU DIRECTORS CITATION	04/80	OBA	HQ	SPO	N	N		
HCFA-168 (SH)	PROGRAM INSTRUCTIONS CLEARANCE TRANSMITTAL	11/83	OEO	HQ	SPO	N	N		
HCFA-171 (SH)	RECOMMENDATION FOR CASH AWARD	06/82	OBA	HQ	SPO	N	N		
HCFA-177 (CD)	LITIGATION INDEX CARD	04/80	BPO	OR	SPO	N	N		
HCFA-179 (U7)	TRANSMITTAL & NOTICE OF APPROVAL	03/80	BPO	SA	SPO	N	O	0938-0193	04/90
HCFA-182 (SH)	APPLICATION FOR PARKING	04/80	OBA	HQ	SPO	Y	N		
HCFA-182-A (SH)	PRIVACY ACT STATEMENT FOR PARKING APPLICATION	04/80	OBA	HQ	SPO	Y	N		
HCFA-185 (SH)	EPSDT QC DATA RETRIEVAL WORKSHEET	04/80	BQC	OR	SPO	N	N		
HCFA-186 (SH)	EPSDT ADMINISTRATIVE INFORMATION REVIEW SCHED	04/80	BQC	OR	SPO	N	N		
HCFA-187 (SH)	EPSDT SERVICES REVIEW SCHEDULE	08/80	BQC	OR	SPO	N	N		
HCFA-189 (SH)	PROPERTY IDENTIFICATION	05/80	BPO	OR	SPO	N	N		
HCFA-190 (SH)	CARTON IDENTIFICATION	05/80	BPO	OR	SPO	N	N		
HCFA-197 (SH)	LICENSURE RECOMMENDATION CLIA	10/82	HSQB	RO	SPO	N	N		
HCFA-198 (U4)	REQUEST FOR CLIA LABORATORY INSPECTION	10/82	HSQB	SA	SPO	N	N		
HCFA-200 (U2)	APPLICATION FOR INITIAL OR RENEWAL OF EXEMPTI	10/82	HSQB	SA	SPO	N	O	0938-0151	03/88

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-201 (SH)	APPLICATION FOR RENEWAL OF LICENSE	10/82	HSQB	RO	SPO	N	O	0938-0151	03/88
HCFA-202 (U2)	APPLICATION UNDER CLINICAL LAB, ACT 67	10/82	HSQB	RO	SPO	N	O	0938-0151	03/88
HCFA-203 (SH)	SERVICES OFFERED IN INTERSTATE COMMERCE	04/86	HSQB	SA		N	O		
HCFA-206 (SH)	APPLICATION FOR LICENSURE UNDER CLIA, ACT 67	10/82	HSQB	OR	HSS	N	O	0938-0151	03/88
HCFA-209 (U2)	LABORATORY PERSONNEL REPORT	10/82	HSQB	SA	SPO	N	O	0938-0151	03/88
HCFA-211 (SH)	CLINICAL LABORATORIES LICENSE	03/81	HSQB	OR	SPO	N	Y		
SF 215 (U5)	DEPOSIT TICKET	05/78	OBA	HQ	SPO	N	N		
HCFA-216 (BK)	APPORTIONMENT OF ALLOWABLE RETURN ON EQUITY (	06/86	BPD	PA	SPO	N	O	0938-0102	09/92
HCFA-217 (SH)	EXCEPTION REQUEST LOG	06/80	BPD	OR	SPO	N	N		
HCFA-L218 (SH)	180 DAY RECEIPT LETTER	08/80	BPD	OR		N	N		
HCFA-219 (SH)	EMPLOYEE REPORT OF FOOD SERVICE	08/80	OBA	OR	SPO	N	N		
HCFA-220 (SH)	MOTOR VEHICLE TRIP TICKET	09/80	OBA	OR	SPO	N	N		
HCFA-221 (BK)	HHA COST DATA	11/86	BPD	OR		N	N		
HCFA-221-A (BK)	HHA COST DATA EXTRACTION FORM	11/86	BPD	OR		N	N		
HCFA-222 (BK)	INDEPENDENT RURAL HEALTH CLINIC	03/83	BPD	PA	HSS	N	O	0938-0107	08/90
HCFA-224 (SH)	HOSPITAL CREP INTERMEDIARY EVALUATION	09/80	BQC	RO	LOC	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-225 (SH)	HOSPITAL CREP PROVIDER SUMMARY	08/80	BQC	RO	LOC	N	N		
HCFA-226 (SH)	EVALUATION QUESTIONNAIRE RESULTS	08/80	BQC	RO	LOC	N	N		
HCFA-227 (SH)	HOSPITAL COST REPORT OVERVIEW	08/80	BQC	RO	LOC	N	N		
HCFA-228 (SH)	HOSPITAL BASED HHA COST REPORT OVERVIEW	08/80	BQC	RO	LOC	N	N		
HCFA-229 (SH)	HOSPITAL CREP REPORT OF FINDINGS	08/80	BQC	RO	LOC	N	N		
HCFA-230 (TC)	REIMBURSEABLE TIMECARD	09/80	OBA	OR	SPO	N	N		
HCFA-242 (SH)	FREESTANDING FED FUNDED HLTH CENTER WORKSHEET	10/83	BPD	OR	SPO	N	O	0938-0235	07/90
HCFA-244 (U3)	GRANTS MONITORING STATEMENT	12/80	OBA	OR	SPO	N	N		
HCFA-260 (SH)	REQUEST FOR REPLACEMENT OF HIMBEX CARD	07/83	OBA	OR	SPO	N	N		
HCFA-262 (U5)	RQST TO ESTABLISH ELIG IN MEDICARE AS PT	11/88	HSQB	SA		N	O	0938-0258	05/92
HCFA-264 (U3)	RQST FOR PSC ACTION MEDICARE - CS CASE	03/81	OBA	OR	SPO	N	N		
HCFA-265 (BK)	RENAL DIALYSIS FACILITY COST REPORT	12/81	BPD	PA	SPO	N	O	0938-0236	05/91
HCFA-277 (U2)	REQUEST FOR GRAPHICS SERVICES	12/84	OBA	OR	SPO	N	N		
HCFA-282 (BK)	BLOOD BANK INSPECTION CHECKLIST & REPORT	11/84	HSQB	SA	HSS	N	O	0938-0170	12/90
HCFA-283 (U3)	PACKAGING & DISTRIBUTION TRANSMITTAL	02/87	OBA	HQ		N	N		
HCFA-287 (BK)	HOME OFFICE COST STATEMENT	10/83	BPD	PA	HSS	N	O	0938-0202	12/90

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-L295 (SH)	REQUEST FOR ADDITIONAL BILLING DATA	07/81	BPO	PA		N	Y		
HCFA-297 (U4)	DEPOSIT VOUCHER RECEIPT	07/81	OBA	OR	SPO	N	N		
HCFA-300 (U3)	REQUEST AND AUTHORIZATION FOR OVERTIME	05/87	OBA	HQ RO		N	N		
HCFA-301-A (BK)	MQC FACE SHEET	05/85	BQC	RO		N	O	0938-0246	12/90
HCFA-313 (BK)	MEDICAID QC FEDERAL MONITORING SCHEDULE	10/85	BQC	OR	HSS	N	N		
HCFA-316 (SE)	WORKSHEET FOR INTEGRATED AFDC	12/82	BQC	OR	SPO	N	O	0938-0094	12/90
HCFA-319 (SH)	STATE MEDICAID QC SAMPLE	03/82	BQC	SA	SPO	N	O	0938-0147	03/90
HCFA-L325 (SH)	RECORDS TRANSMITTAL	06/86	OBA	OR	SPO	N	N		
HCFA-L325-325-A (C2)	MEDICARE INFORMATION NOTICE OF TERMINATION	07/78	BPO	SS					
HCFA-L326-326-A (C1)	RECORD OF TERMINATION OF MEDICAL INSURANCE BE	07/78	BPO	SS	LOC	N	Y		
HCFA-L327-327A (C1)	MEDICARE INFORMATION: NOTICE OF TERMINATION O	07/78	BPO	SS		N	N		
HCFA-329 (SH)	EMPLOYEE LOCATOR AND TELEPHONE DIRECTORY	08/81	OBA	OR	SPO	N	N		
HCFA-331 (SH)	CLAIMS PROCESSING ASSESSMENT SYSTEM REVIEW SC	09/86	BQC	RO	HSS	N	N	0938-0438	02/91
HCFA-336 (SH)	CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	06/89	OBA	OR		N	N		
HCFA-339 (BK)	PROVIDER COST REPORT REVIEW QUESTIONNAIRE	06/86	BPO	PA	HHS	N	O	0938-0301	08/90
HCFA-340 (U3)	MONEY CONTROL RECORD	02/81	OBA	OR	SPO	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-L342 (SH)	QUERY HISTORY REPLY	01/82	OBA	OR		N	Y		
HCFA-347 (U2)	REQUEST FOR DESK TO DESK DISTRIBUTION	10/85	OBA	HQ	SPO	N	N		
HCFA-348 (SH)	ROUTING AND TRANSMITTAL SLIP	07/82	BPO	OR	SPO	N	Y		
HCFA-352 (U2)	PT/A RECONSIDERATION INPUT RECORD	06/86	BPO	PA		N	N		
HCFA-353 (U2)	PT/A PREHEARING INPUT RECORD	06/86	BPO	PA		N	N		
HCFA-353-A (SH)	PT/A PSRO PREHEARING INPUT RECORD	12/82	BPO	HQ	SPO	N	N		
HCFA-354 (SH)	PT/A POST HEARING INPUT RECORD	06/86	BPO	OR		N	N		
HCFA-358 (SH)	APPLICANT RATING SHEET	06/82	OBA	OR	SPO	N	N		
HCFA-359 (U4)	CORF REQUEST FOR CERTIFICATION	05/83	HSQB	SA	HSS	N	O	0938-0267	08/90
HCFA-360 (BK)	CORF SURVEY REPORT	06/87	HSQB	SA		N	O	0938-0267	08/90
HCFA-361 (CD)	BLOOD ASSURANCE INFORMATION CARD	06/82	OBA	HQ	SPO	N	N		
HCFA-362 (CD)	STOCK REPLENISHMENT CARD	07/82	OBA	OR	SPO	N	N		
HCFA-363 (U2)	ADJUSTMENTS TO COOLWHIP	11/83	OBA	OR	SPO	N	N		
HCFA-364 (CD)	SERIAL NO. REGISTER & MAINTAINANCE RECORD	07/82	OBA	OR	SPO	N	N		
HCFA-L365 (SH)	AUTOMOBILE LIABILITY INSURANCE	07/85	BPO	AB		Y	O	0938-0214	04/90
HCFA-L366	YOUR INQUIRY ABOUT CLAIM RELATED HI/SMI	04/88	OBA	OR	O	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-369 (CD)	MAILING LIST REVIEW RESPONSE CARD	08/82	OBA	OR	SPO	N	Y		
HCFA-370 (SH)	HEALTH INSURANCE BENEFITS AGREEMENT	04/90	HSQB	SA		N	N		
HCFA-370 (SH)	HEALTH INSURANCE BENEFITS AGREEMENT	09/82	HSQB	SA	HSS	N	N		
HCFA-373 (SH)	ADDENDUM TO SF 171	08/82	OBA	HQ	SPO	N	N		
HCFA-374 (U4)	STATUS OF STAFFING ACTION	12/88	OBA	HQ		N	N		
HCFA-375 (BK)	HOSPITAL BASED ESRD COST DATA	09/82	BPD	OR	SPO	N	N		
HCFA-376 (BK)	INDEPENDENT ESRD COST DATA	09/82	BPD	OR	SPO	N	N		
HCFA-377 (U4)	AMBULATORY SURGICAL CENTER REQUEST	12/82	HSQB	AB	SPO	N	O	0938-0266	01/90
HCFA-378 (BK)	AMBULATORY SURGICAL CENTER SURVEY REPORT	05/90	HSQB	SA		N	O		
HCFA-381 (SH)	IDENTIFICATION OF EXTENSION UNITS	09/83	HSQB	SA	SPO	N	O	0938-0273	08/91
HCFA-382 (U4)	ESRD BENEFICIARY SELECTION	07/85	BPD	PA	HSS	N	O	0938-0372	11/90
HCFA-383 (SH)	HOSPITAL INSURANCE CASE SUMMARY	12/82	BPO	HQ	HSS	N	N		
HCFA-384 (SH)	PSRO CASE SUMMARY	06/88	HSQB	PA PR	HSS	N	N		
HCFA-385 (SH)	TRAINING EVALUATION	02/83	OBA	HQ	SPO	N	N		
HCFA-L389 (SH)	ADJUSTMENT ACTION REQUEST	03/81	OBA	OR		N	Y		
HCFA-391 (U3)	BENEFICIARY CORRESPONDENCE CONTROL SHEET	04/85	OBA	OR	SPO	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-392 (CD)	PROJECT STATUS RECORD	02/83	ORD	OR	SPO	N	N		
HCFA-394 (SH)	TYPING INSTRUCTIONS	02/83	OBA	HQ	SPO	N	N		
HCFA-395 (CD)	FOIA CASE CARD	03/83	OPA	OR	SPO	N	N		
HCFA-400 (U6)	PRINTING SERVICES REQUISITION	10/80	OBA	HQ	SPO	N	N		
HCFA-402 (U2)	REQUEST FOR HCFA MOVERS SERVICES	11/88	OBA	HQ	HSS	N	N		
HCFA-404 (SH)	HCFA CONFERENCE PLAN	06/89	OBA	HQ	SPO	N	N		
HCFA-405 (SH)	RQST FOR RPLCMT OF UTILIZATION NOTICE/HI CARD	08/85	OBA	OR	SPO	N	N		
HCFA-406 (SH)	PHYSICIANS AND SUPPLIERS OVERPAYMENTS RECOVER	05/83	BPO	OR	SPO	N	N		
HCFA-407 (SH)	HCFA CONFERENCE END-OF-YEAR REPORT	06/89	OBA	HQ	SPO	N	N		
HCFA-410 (SH)	CONGRESSIONAL CONTACT REPORT	07/83	OLP	HQ	SPO	N	N		
HCFA-411 (SH)	MEDICARE PROVIDER OVERPAYMENT CAUSE REPORT	09/83	BPO	AB	SPO	N	N		
HCFA-417 (U5)	HOSPICE REQUEST FOR CERTIFICATION IN MEDICARE	04/84	HSQB	SA	SPO	N	O	0938-0313	08/91
HCFA-418 (BK)	BOCMIS INPUT RECORD	02/85	BPO	OR	SPO	N	N		
HCFA-419 (SH)	PERFORMANCE APPRAISAL WORKPLAN SUMMARY	08/87	OBA	HQ		Y	Y		
HCFA-419-A (SH)	PERFORMANCE APPRAISAL WORKPLAN	08/83	OBA	HQ	SPO	N	N		
HCFA-419-B (SH)	PERFORMANCE APPRAISAL WORKSHEET	08/83	OBA	HQ	SPO	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-419-C (SH)	PROGRESS REVIEW CHART	08/83	OBA	HQ	SPO	N	N		
HCFA-420 (SH)	QUARTERLY EPSDT REPORT	10/83	BPO	SA	SPO	N	O	0938-0291	09/90
HCFA-421 (SH)	FORMS ACTION LOG	06/83	OBA	OR	SPO	N	N		
HCFA-422 (SH)	EVALUATION OF TRAINING PROGRAM	09/83	HSQB	RO	SPO	N	N		
HCFA-423 (SH)	SURVEYOR PARTICIPANT REACTION SHEET	09/83	HSQB	RO	SPO	N	N		
HCFA-424 (SH)	REQUEST FOR ADJUSTMENT OF SECONDARY PAYOR	11/83	OBA	OR	SPO	N	N		
HCFA-428 (SH)	REQ FOR SPECIAL BATCH NOTICES	02/84	OBA	OR	SPO	N	N		
HCFA-430 (SH)	SNF ROUTINE COST LIMITS REQUEST FOR ADJUSTMEN	03/84	BPD	PA	SPO	N	N		
HCFA-432 (U10)	ORDER FOR SUPPLIES OR SERVICES	01/90	OBA	HQ	HSS	N	N		
HCFA-432-A (U8)	ORDER FOR SUPPLIES OR SERVICES	07/88	OBA	HQ	SPO	N	N		
HCFA-432-B (U10)	ORDER FOR SUPPLIES OR SERVICES	01/90	OBA	HQ	HSS	N	N		
HCFA-433 (U8)	ORDER FOR SUPPLIES OR SERVICES CONTINUATION	03/84	OBA	OR	HSS	N	N		
HCFA-434 (SH)	CERTIFICATION WORKLOAD REPORT FORM	03/84	HSQB	RO	SPO	N	N		
HCFA-435 (SH)	CERTIFICATION BUDGET EXPENDITURE REPORT FORM	03/84	HSQB	RO	SPO	N	N		
HCFA-436 (SH)	NON-MERIT PAY APPLICANT RATING SHEET	03/84	OBA	HQ	SPO	N	N		
HCFA-437 (BK)	PSYCHIATRIC UNIT CRITERIA WORKSHEET	01/85	HSQB	SA	HSS	N	O	0938-0358	06/90

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-437-B (SH)	DRUG ALCOHOL HOSPITALS & DRUG ALCOHOL UNIT	01/85	HSQB	SA	HSS	N	O	0938-0358	06/90
HCFA-438 (SH)	DAILY TIME & ATTENDANCE ROSTER	04/84	OBA	HQ	SPO	Y	N		
HCFA-439 (U4)	REQUEST FOR GOVERNMENT BILL OF LADING	04/84	OBA	OR	SPO	N	N		
HCFA-440 (SH)	ENTREX HIPO MBR BCM DATA ENTRY REQUEST	03/84	OBA	OR	SPO	N	N		
HHS 441 (SH)	ASSURANCE OF COMPLIANCE	12/82	OBA	SA	HHS	N	N		
HHS 441-A (SH)	EXPLANATION OF HHS-441 (INSTRUCTIONS)	03/81	OBA	SA	HHS	N	N		
HCFA-442 (SH)	GENERAL OBLIGATION LEDGER	10/89	OBA	OR		N	N		
HCFA-449 (BK)	HOSPICE SURVEY REPORT	11/84	HSQB	SA	HSS	N	O	0938-0379	11/92
HCFA-450 (SH)	CORRESPONDENCE ASSIGNMENT SHEET	05/84	OBA	OR	SPO	N	N		
HCFA-453 (SH)	HHA COST LIMITS REQUEST FOR SHORT PERIOD	06/84	BPD	PA	SPO	N	N		
HCFA-456 (SH)	INTERMEDIARY BENEFIT PAYMENT REPORT	05/85	BPO	PA	HSS	N	O	0938-0371	08/90
HCFA-L457-FC (SH)	MEDICARE INFORMATION	06/86	BPO	SS	SSS	N	N		
HCFA-L458 (SH)	ACKNOWLEDGEMENT OF REQ FOR HI TERMINATION	03/82	BPO	SS		N	Y		
HCFA-462 (U2)	ADVERSE ACTION EXTRACT	12/88	HSQB	SA RO	HSS	N	N		
HCFA-464 (BK)	MEDICAID STATE AGENCY THIRD PARTY LIABILITY I	12/86	BQC	OR	SPO	N	O	0938-0414	10/90
HCFA-472 (SH)	STATEMENT OF CUMULATIVE EXPEN FOR DEMO PROJEC	07/85	ORD	OR	SPO	N	O	0938-0402	06/91

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-473 (CD)	METER READING CARD	12/84	OBA	HQ	SPO	N	N		
HCFA-475 (SH)	SURVEY OF PRIVATE HEALTH INSURANCE	12/84	OACT	OR	SPO	N	O	0938-0389	11/91
HCFA-L476 (SH)	FOLLOWUP LTR TO SURVEY OF PRIVATE HEALTH PLAN	12/84	OACT	OR		N	Y		
HCFA-478 (SH)	REQ FOR CHANGE TO SCHEDULE OF ALLOCATED POSIT	06/84	OBA	OR	SPO	N	N		
HCFA-479 (U3)	REQUEST FOR CARD KEY	09/87	OBA	HQ		N	N		
HCFA-480 (U2)	PROCEDURE FOR USE OF CARD KEY ACCESS SYSTEM	09/87	OBA	HQ		N	N		
HCFA-484 (SH)	ATTENDING PHYSICIAN'S CERTIFICATION/HOME OXYG	01/90	BPO	PB		Y	O		
HCFA-485 (C4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	04/87	HSQB	PA		N	O	0938-0357	09/90
HCFA-485 (U4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	04/87	HSQB	PA		N	O	0938-0357	09/90
HCFA-486 (C3)	MEDICAL UPDATE & PATIENT INFORMATION	04/87	HSQB	PA		N	O	0938-0357	09/90
HCFA-486 (U3)	MEDICAL UPDATE & PATIENT INFORMATION	04/87	HSQB	PA		N	O	0938-0357	09/90
HCFA-487 (C4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	04/87	HSQB	PA		N	O	0938-0357	09/90
HCFA-487 (U4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	04/87	HSQB	PA		N	O	0938-0357	09/90
HCFA-488 (U2)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	04/87	HSQB	PA		N	O	0938-0357	09/90
HCFA-488 (C4)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	04/87	BPO	PA	HSS	Y	O	0938-0357	09/90
HCFA-499 (SH)	HCFA PERFORMANCE APPRAISAL SUMMARY DATA	08/85	OBA	HQ	SPO	Y	N		

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HCFA-499-A (SH)	DPT EPMS: HCFA PERFORMANCE APPRAISAL DATA	09/88	OBA	HQ		N	N		
HCFA-499-B (SH)	HCFA EPMS PERFORMANCE PLAN, PROGRESS REVIEW/R	09/88	OBA	HQ	SPO	N	N		
HCFA-502 (SH)	HCFA WAIVER COST ESTIMATES	07/85	ORD	OR	SPO	N	N		
HHS 508 (SH)	CONFERENCE AND CALL RECORD	03/81	OBA	HQ	HHS	N	N		
HCFA-525 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/A	07/88	HSQB	SA	HSS	N	O		
HCFA-530 (SH)	MBCCS FINDER PRINTOUT REQUEST	10/85	OBA	OR	HSS	N	N		
HCFA-532 (CD)	SIGNATURE CARD FOR DEPARTMENT SEAL	11/85	OBA	OR	SPO	N	N		
HCFA-533 (SH)	CONTRACTOR INVENTORY OF MEDICARE FORMS	11/85	OBA	PA	SPO	N	N		
HCFA-534 (SH)	FEDERAL SURVEY DATA EXTRACT SHEET	12/85	HSQB	RO	HSS	N	N		
HCFA-535 (SH)	LABEL REQUEST	02/86	OBA	OR	SPO	N	N		
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	08/89	BQC	PB	HSS	N	N		
HCFA-538 (SH)	SURVEYOR CHARACTERISTICS AND TRAINING QUESTIO	10/87	HSQB	SA		N	N		
HCFA-542 (U2)	VISITOR PARKING PERMITS	09/84	OBA	HQ	SPO	N	Y		
HCFA-556 (PC)	ESRD SYSTEMS BRANCH POSTCARD	10/86	BDMS	OR	SPO	N	N		
HCFA-559 (U2)	PROVIDER TIE-IN NOTICE	11/86	OBA	HQ RO	SPO	N	N		
HCFA-560 (U3)	PRINTING ACTIVITY CHECKSHEET	01/90	OBA	HQ	SPO	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-561 (SH)	ROUTINE BUILDING INSPECTION REPORT	12/86	OBA	HQ	SPO	N	N		
HCFA-562 (U4)	MEDICARE/MEDICAID COMPLAINT FORM	06/89	HSQB	RO HQ		N	N		
HCFA-563 (LB)	MAILING LABELS	01/87	OPHC	HQ	SPO	N	N		
HCFA-L564 (SH)	MEDICARE INFORMATION, SPECIAL ENROLLMENT PERI	04/88	BPO	SS	LOC	Y	O	0938-0214	04/89
HCFA-565 (SH)	MEDICARE QUALIFICATION STATEMENT FOR FED EMPL	04/87	BPO	SS	LOC	Y	O	0938-0501	04/89
HCFA-566 (SH)	HMO/ COMPETITIVE MEDICAL PLAN (CMP) DISENROLL	01/88	OPHC	SS		Y	O	0938-0507	05/91
HCFA-576 (U3)	APPLICATION FOR ORGAN PROCUREMENT	08/87	HSQB	RO	HSS	Y	O	0938-0512	10/91
HCFA-576-A (SH)	AGREEMENT NOTICE FOR HCFA-576	08/87	HSQB	RO	HSS	Y	O		
HCFA-586 (SH)	APPLICATION KIT REQUEST FORM	07/87	ORD	HQ	SPO	N	N		
HCFA-597 (SH)	ALJ HEARING FACT SHEET PART 2, CLAIM DENIAL	10/87	OBA	PB	LOC	N	N		
HCFA-598 (SH)	ALJ HEARING REQUEST LOG	10/87	OBA	PB	LOC	N	N		
HCFA-599 (SH)	EXAMPLE ALJ HEARING EXIBIT LIST	10/87	OBA	PB	LOC	N	N		
HCFA-600 (SH)	REASONABLE CHARGE RECORD	10/87	OBA	PB	LOC	N	N		
HCFA-601 (SH)	PROFESSIONAL QUALIFICATIONS	10/87	OBA	PB	LOC	N	N		
HCFA-618 (BK)	PRO BUDGET AND COST REPORT SUMMARY	08/88	HSQB	HQ	SPO	N	N	0938-0531	04/90
HCFA-620 (SH)	REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZ	01/89	BDMS	HQ	SPO	N	N		

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HCFA-621 (SH)	REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZ	01/89	BDMS	HQ	SPO	N	N		
HHS 632 (SH)	FREEDOM OF INFORMATION REQUEST	07/87	OPA	PA PB RO	HSS	N	N		
HCFA-633 (U4)	INVOICE OF FEES FOR FOIA SERVICES	01/88	OPA	OR PA PB		N	N		
HCFA-636 (U2)	TRANSMITTAL NOTICE HEARING CASE	06/88	HSQB	PA PR	HSS	N	N		
HCFA-636-A (U3)	TRANSMITTAL NOTICE HEARING CASE	12/82	BPO	OR		N	Y		
HCFA-L666 (SH)	MEDICARE BENEFIT INFORMATION	07/83	BPO	SS		N	Y		
HCFA-L666-SP (SH)	INFORMACION DE BENEFICIOS	08/75	BPO	SS		N	Y		
HCFA-670 (BK)	SURVEY TEAM COMPOSITION AND WORKLOAD REPORT	01/90	HSQB	SA	HSS	N	O		
HCFA-671 (BK)	SNF/ICF APPLICATION FOR MEDICARE & MEDICAID	01/90	HSQB	SA	HSS	N	O		
HCFA-672 (BK)	RESIDENT CENSUS AND CONDITIONS OF RESIDENTS	01/90	HSQB	SA	HSS	N	O		
HCFA-673 (BK)	EXTENDED SURVEY JUSTIFICATION WORKSHEET	01/90	HSQB	SA	HSS	N	O		
HCFA-674 (SH)	RESIDENTS RIGHTS & QUALITY OF LIFE	01/90	HSQB	SA	HSS	N	O		
HCFA-675 (BK)	RESIDENT RIGHTS/QUALITY OF LIFE: INTERVIEW GU	01/90	HSQB	SA	HSS	N	O		
HCFA-676 (SH)	QUALITY OF CARE ASSESSMENT WORKSHEET	01/90	HSQB	SA	HSS	N	O		
HCFA-677 (BK)	MEDICATION PASS WORKSHEET	01/90	HSQB	SA	HSS	N	O		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-678 (SH)	ENVIRONMENT QUALITY ASSESSMENT UNIT WORKSHEET	01/90	HSQB	SA	HSS	N	O		
HCFA-679-A (SH)	DIETARY SERVICES SYSTEM WORKSHEET	01/90	HSQB	SA	HSS	N	O		
HCFA-679-B (SH)	DIETARY SERVICES SYSTEM WORKSHEET, DINNING AR	01/89	HSQB	SA	HSS	N	O		
HCFA-679-C (SH)	DIETARY SERVICES SYSTEM WORKSHEET, RESIDENT D	01/90	HSQB	SA	HSS	N	O		
HCFA-680 (SH)	CLOSED RECORDS DISCHARHE REVIEW WORKSHEET	01/90	HSQB	SA	HSS	N	O		
HCFA-681 (SH)	SURVEYER NOTES WORKSHEET	01/90	HSQB	SA	HSS	N	O		
HCFA-682 (SH)	RESIDENT ROSTER	01/90	HSQB	SA	HSS	N	O		
HCFA-898 (SH)	STATE LISTING BY REGION	05/79	ORD	OR	SPO	N	N		
HCFA-898-F (SH)	TITLE XIX QUARTERLY COMPLIANCE REPORT	03/84	BPO	RO	SPO	N	N		
HCFA-L913 (SH)	INABILITY TO PROCESS ACCRETION	04/81	OBA	OR		N	N		
HCFA-L1001 (SH)	NOTIFICATION OF INTERNAL ADJUSTMENTS	11/80	OBA	OR		N	Y		
HCFA-1007 (BK)	WKSHT TAC TARGET AMOUNT COMPUTATION	07/85	BPD	PA	LOC	N	N		
HCFA-1042 (SH)	REQ FOR DISTRIBUTION OF MANUALS, FORMS & PUBL	05/87	OBA	HQ RO	SPO	N	N		
HCFA-1066 (SH)	CONTRACTOR CONTROL OF ADMINISTRATIVE FUNDS	01/90	BPO	PA	AUT	N	N		
HCFA-1099-MISC (C3)	MISCELLANEOUS INCOME	10/88	OBA	HQ	SPO	N	N		
HCFA-1118 (SH)	TASK LIST FOR WORK DISTRIBUTION	05/80	OBA	OR	SPO	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1119 (SH)	ACTIVITY LIST FOR WORK DISTRIBUTION	05/80	OBA	OR	SPO	N	N		
HCFA-1120 (SH)	CORRESPONDENCE DEVELOPMENT RECORD	03/86	BPD	OR		N	N		
HCFA-1215 (CD)	COST REPORT CONTROL	06/79	OBA	OR	SPO	N	N		
HCFA-1269 (SH)	PT B OVERPAYMENT IDENTIFICATION AND CONTROL	09/80	BPO	OR	SPO	N	N		
HCFA-1313 (CD)	HIMEXC HIMBEX TAB CARD	07/85	BDMS	OR	SPO	N	N		
HCFA-1325 (SH)	CHECK DEPOSIT VOUCHER THIRD PARTY MEDICARE	06/79	OBA	OR	SPO	N	N		
HCFA-1349 (SH)	REQUEST FOR REFERENCE TO HI RECORDS	11/79	OBA	OR	SPO	N	N		
HCFA-1363 (SH)	REQUEST FOR ADJUSTMENT OF HI UTILIZATION	01/80	OBA	OR	SPO	N	N		
HCFA-1364 (SH)	REQUEST FOR ADJUSTMENT OF HI ENTITLEMENT	05/84	OBA	OR		N	N		
HCFA-1450-UB-82 (C5)	UNIFORM BILLING FORM 82	06/82	BPO	PA	LOC	N	O	0938-0505	06/90
HCFA-1450-UB-82 (U5)	UNIFORM BILLING FORM 82	06/82	BPO	PA	LOC	N	O	0938-0505	06/90
HCFA-1465 (SH)	STATE SURVEY AGENCY BUDGET REQUEST	08/76	HSQB	SA	LOC	N	Y		
HCFA-1465-A (SH)	STATE AGENCY BUDGET LIST OF POSITIONS	06/71	HSQB	SA	LOC	N	N		
HCFA-1467 (SH)	STATE SURVEY AGENCY BUDGET NOTICE OF APPROVAL	08/76	HSQB	SA	LOC	N	Y		
HCFA-1469 (SH)	FINANCIAL ACCOUNTABILITY STATEMENT	01/68	HSQB	SA	LOC	N	Y		
HCFA-1469-A (SH)	STATE SURVEY QUARTERLY EXPENDITURE REPORT	08/76	HSQB	SA	LOC	N	Y		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1490-S SC (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	02/87	BPO	PB SS		Y	O	0938-0008	11/87
HCFA-1490-S SP (SH)	PETICION DEL PACIENTE PARA PAGOS DE MEDICARE	02/87	BPO	SS	SSS	Y	Y	0938-0008	11/87
HCFA-1490-U (C2)	REQUEST FOR MEDICARE PAYMENT	10/81	BPO	PB	HHS	N	O	0938-0008	11/87
HCFA-1490-U (U2)	REQUEST FOR MEDICARE PAYMENT BY ORGANIZATIONS	10/81	BPO	PB	HSS	N	O	0938-0008	11/87
HCFA-1490-U (SH)	REQUEST FOR MEDICARE PAYMENT	10/81	BPO	PB	HSS	N	O	0938-0008	11/87
HCFA-1491-SC (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO	PB		Y	O	0938-0042	02/91
HCFA-1491-SC (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO	PB		Y	O	0938-0042	02/91
HCFA-1491-SC (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	01/89	BPO	PB		N	O	0938-0042	02/91
HCFA-1500 (C2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500 (C1)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500 (U2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500 (SH)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500-PR (U2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500-SC (U2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500-SC (SH)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87
HCFA-1500-SC (C2)	HEALTH INSURANCE CLAIM FORM	01/84	BPO	PB	GPO	Y	O	0938-0008	11/87

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HCFA-1506 (SH)	PART B SCOUT SHEET	07/80	OBA	HQ	SPO	N	N		
HCFA-1514 (U5)	HOSPITAL REQUEST TO ESTABLISH ELIGIBILITY	05/90	HSQB	SA		N	O	0938-0380	08/92
HCFA-1515 (U5)	HHA RQST TO ESTABLISH ELIGIBILITY	10/80	HSQB	SA	HSS	N	O	0938-0355	06/90
HCFA-1516 (U5)	LONG TERM CARE FACILITY REQUEST FOR CERTIFICA	02/86	HSQB	SA	HSS	N	O	0938-0478	04/91
HCFA-1521 (SH)	CONTRACTOR DRAWS ON LETTER OF CREDIT	01/90	BPO	PA	AUT	N	N	0938-0361	08/90
HCFA-1522 (SH)	MONTHLY CONTRACTOR FINANCIAL REPORT	01/90	BPO	PA	AUT	N	N	0938-0361	08/90
HCFA-1523 (SH)	ADMINISTRATIVE BUDGET & COST REPORT	01/90	BPO	PA	AUT	N	N		
HCFA-1523-A (SH)	PART/A SCHEDULE OF PI'S & OTHER	01/90	BPO	PA	AUT	N	N		
HCFA-1523-B (SH)	PART/A SCHEDULE OF CREDITS, EDP & OVERHEAD	01/90	BPO	PA	AUT	N	N		
HCFA-1523-C (SH)	SCHEDULE OF APPEALS	01/90	BPO	PA	AUT	N	N		
HCFA-1523-D (SH)	PART/A SCHEDULE OF MSP COSTS	01/90	BPO	PA	AUT	N	N		
HCFA-1523-E (SH)	PART/A SCHEDULE OF MR COSTS	01/90	BPO	PA	AUT	N	N		
HCFA-1524 (SH)	PART/B ADMINISTRATIVE BUDGET & COST REPORT	01/90	BPO	PB	AUT	N	N		
HCFA-1524-A (SH)	PART/B SCHEDUEL OF PI'S & OTHER	01/90	BPO	PB	AUT	N	N		
HCFA-1524-B (SH)	EART/B SCHEDULE OF CREDITS, EDP & OVERHEAD	01/90	BPO	PB	AUT	N	N		
HCFA-1524-C (SH)	SCHEDULE OF APPEALS	01/90	BPO	PA	AUT	N	N		

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HCFA-1524-D (SH)	PART/B SCHEDULE OF MSP COSTS	01/90	BPO	PB	AUT	N	N		
HCFA-1524-E (SH)	PART/B SCHEDULE OF MR COSTS	01/90	BPO	PB	AUT	N	N		
HCFA-1525 (SH)	CONTRACTOR AUDITING & SETTLEMENT REPORT	01/90	BPO	PA PB	AUT	N	N		
HCFA-1525-A (SH)	CONTRACTOR AUDITING & SETTLEMENT REPORT	01/90	BPO	PA	AUT	N	N		
HCFA-1527 (SH)	QUARTERLY ADJUSTMENT OF TIME ACCOUNTS	01/90	BPO	PA	AUT	N	N		
HCFA-1527-A (SH)	BANK PROCESSING CHARGES-QUARTERLY	01/90	BPO	PA PB	AUT	N	N		
HCFA-1527-B (SH)	BANK PROCESSING CHARGES-MONTHLY	01/90	BPO	PA PB	AUT	N	N		
HCFA-1527-C (SH)	RECAP OF DAILY AVAILABLE BALANCES	01/90	BPO	PA PB	AUT	N	N		
HCFA-1529 (SH)	BUDGET DISTRIBUTION PART/B	01/90	BPO	PA	AUT	N	N		
HCFA-1530 (SH)	AUDIT PRIORITY MATRIX	01/90	BPO	PA	AUT	N	N		
HCFA-1531 (SH)	PROVIDER REIMBURSEMENT PROFILE	01/90	BPO	PA	AUT	N	N		
HCFA-1531-A (SH)	SCHEDULE OF PROVIDERS SERVICED	01/90	BPO	PA	AUT	N	N		
HCFA-1537 (BK)	HOSPITAL SURVEY REPORT	04/89	HSQB	SA		N	O	0938-0382	04/91
HCFA-1537-A (BK)	MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY	04/86	HSQB	SA	HSS	N	O	0938-0382	04/91
HCFA-1537-C (BK)	HOSPITAL PROVIDER OF LTC (SWING-BED) REPORT	04/86	HSQB	SA	HSS	N	O	0938-0382	04/91
HCFA-1539 (U5)	MEDICARE MEDICAID CERTIFICATION & TRANSMITTAL	07/84	HSQB	SA	HSS	N	Y		

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HCFA-1539-A (U2)	CERTIFICATION AND TRANSMITTAL SPELL OF ILLNES	06/83	HSQB	SA	SPO	N	Y		
HCFA-1540 (U2)	MEDICARE ESRD CERTIFICATION TRANSMITTAL	03/80	HSQB	SA	HSS	N	N		
HCFA-1557 (BK)	CLINICAL LAB SURVEY REPORT	01/78	HSQB	SA	HSS	N	C	0938-0032	06/90
HCFA-1561 (SH)	HEALTH INSURANCE BENEFIT AGREEMENT	08/86	HSQB	SA	HSS	N	N		
HCFA-1563 (SH)	MONTHLY PT/A RPT ON MEDICARE SECONDARY PAYER	08/86	BPO	PA	HSS	N	N		
HCFA-1564 (SH)	MONTHLY PT/B RPT ON MEDICARE SECONDARY PAYER	11/86	BPO	PB	HSS	N	N		
HCFA-1565 (SH)	MEDICARE PROGRAM EXPENSE AND PERFORMANCE REPORT	08/86	BPO	PB	AUT	N	N	0938-0399	05/91
HCFA-1572 (BK)	HHA SURVEY REPORT	03/78	HSQB	SA	HSS	N	C	0938-0355	06/90
HCFA-L1573 (U3)	MEDICAL INSURANCE PREMIUMS RECEIVED & DEPOSIT	03/81	OBA	OR		N	N		
HCFA-1580 (SH)	AMENDMENT OF CONTRACT	07/86	BPO	OR		N	N		
HCFA-1585-1585-A (C1)	NOTICE OF MEDICAL INSURANCE ENROLLMENT(ODO)	10/85	BPO	SS	LOC	N	Y		
HCFA-1585-1585-A (C1)	NOTICE OF MEDICAL INSURANCE ENROLLMENT (DIO)	11/85	BPO	SS	LOC	N	N		
HCFA-1589-1589-A (C1)	MEDICAL INSURANCE TERMINATION RECORD (ODO)	03/86	BPO	SS	LOC	N	N		
HCFA-1589-1589-A (C1)	MEDICAL INSURANCE TERMINATION RECORD (DIO)	01/86	BPO	SS	LOC	N	N		
HCFA-1590-IR (SH)	ADVANCE NOTICE OF RECOUPMENT OF BASIC SMI PREM	02/86	BPO	SS	USA	N	Y		
HCFA-1591-IR (SH)	NOTICE OF RECOUPMENT	02/86	BPO	SS	USA	N	Y		

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HCFA-1592 (SH)	SMI PREMIUM ACCOUNTING CARD	07/86	BPO	PC	SSS	N	N		
HCFA-1593 (SH)	HCFA AIS CLEARANCE REQUEST	02/80	OBA	OR	SPO	N	N		
HCFA-1600 (U3)	REQUEST FOR CLAIM NUMBER	06/80	BPO	SS	HSS	N	O	0938-0089	02/91
HCFA-L1601 (SH)	STATE PART/A QMB GROUP PAYER ACCRETION LETTER	06/89	BPO	PA	AUT	N	N		
HCFA-1604 (C4)	SUMMARY ACCOUNTING STATEMENT	12/85	BDMS	HQ	SPO	N	Y		
HCFA-1605 (SH)	MBR BCM PRINTOUT REQUEST	01/80	OBA	OR	SPO	N	N		
HCFA-1607 (SH)	HEALTH INSURANCE PRINTOUT LOCATOR CARDS	08/81	OBA	OR	HSS	N	N		
HCFA-L1614-TR (SH)	MEDICARE NOTICE	07/78	BPO	OR		N	Y		
HCFA-L1617 (SH)	STATE PT/A QMB GROUP PAYER DELETION LETTER	06/89	BPO	PA	AUT	N	N		
HCFA-1622 (C1)	NOTICE OF DECISION ON PT/B MEDICARE CLAIM	06/83	ORD	OR	HSS	N	Y		
HCFA-L1626 (C1)	MEDICARE NOTICE	02/81	BPO	OR		N	Y		
HCFA-L1636-TR (C1)	MEDICARE NOTICE	03/82	BPO	OR		N	Y		
HCFA-1660 (SH)	RQST FOR INFO MED PAYMT FOR PATIENT NOW DECEA	08/81	BPD	AB	HSS	N	O	0938-0020	06/90
HCFA-1664 (SH)	RQST FOR NAME & SEX CORRECTION OF HI RECORD	07/84	OBA	OR	SPO	N	N		
HCFA-1666 (SH)	R/O RQST FOR ADDITIONAL INFORMATION	04/80	HSQB	OR	HSS	N	N		
HCFA-1667 (CD)	NOTICE OF REFUND OF INSURANCE PREMIUM	09/69	BPO	SS	SPO	N	Y		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1686 (SH)	REFERENCE MATERIAL REQUESTS	09/80	OBA	OR	SPO	N	N		
HCFA-1696 (U4)	APPOINTMENT OF REPRESENTATIVE	10/84	BPO	SS	HSS	N	N		
HCFA-1703 (SH)	IMAGER CODING FORMAT	04/81	ORD	OR	SPO	N	N		
HCFA-1705 (SH)	ADJUSTMENT FORM FOR INPATIENT HOSPITAL & SNF	11/83	OBA	OR	SPO	N	N		
HCFA-1706 (SH)	ADJUSTMENT FORM FOR CHRISTIAN SCIENCE BILLS	07/80	OBA	OR	SPO	N	N		
HCFA-1707 (SH)	ADJUSTMENT FORM FOR HOME HEALTH BILLS	07/80	OBA	OR	SPO	N	N		
HCFA-1723 (SH)	FLOW PROCESS CHART	05/80	OBA	OR	SPO	N	N		
HCFA-1724 (SH)	WORK DISTRIBUTION CHART	05/80	OBA	OR	SPO	N	N		
HCFA-1725 (SH)	MEDICARE PROBLEM REFERRAL	05/84	OBA	SS	SPO	N	N		
HCFA-1727 (SH)	INSTRUCTIONS FOR HANDLING CORRESPONDENCE	09/89	BPD	HQ		N	N		
HCFA-1728-86 (SH)	HOME HEALTH AGENCY COST REPORT	06/86	BPD	PA	HSS	N	O	0938-0022	05/88
HCFA-1728-86 SUP (SH)	HHA SUPPLEMENTAL WORKSHEET	06/86	BPD	PA	HSS	N	O	0938-0022	05/87
HCFA-1728-86-F3 (SE)	HHA COST REPORT EQUITY CAPITAL WORKSHEET	06/86	BPD	PA	HSS	N	O	0938-0022	05/87
HCFA-1730 (BK)	APPORTIONMENT OF MALPRACTICE INSURANCE COST	04/89	BPD	PA	LOC	N	N		
HCFA-1739 (TC)	RQST INFO ABOUT MED INS FOR FOREIGN BENEFICIA	04/81	BDMS	OR	SPO	N	N		
HCFA-1760 (SH)	HCFA MAILING LIST ACCRETION	03/85	OBA	OR	SPO	N	N		

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HCFA-1761 (SH)	TRANSMITTAL FOR FORWARDING HI BILLS	05/84	OBA	OR	SPO	N	Y		
HCFA-1763 (SH)	RQST FOR TERMINATION OF PREMIUM HI/SMI	03/82	BPO	SS	HSS	N	O	0938-0025	03/92
HCFA-1767 (SH)	RQST FOR DO. ASSIST STATE BUY-IN VERIFICATION	02/81	OBA	OR	SPO	N	N		
HCFA-1771 (SH)	PHYSICIAN STMT & DOCUMENTATION OF EMERGENCY	09/77	BPO	RO	HSS	N	O	0938-0023	01/91
HCFA-1777 (SH)	REQUEST FOR REPLACEMENT OF HCFA-1778	12/79	OBA	OR	SPO	N	N		
HCFA-1778 (TC)	HIMEXC PSC REQUEST	01/82	BDMS	OR	HSS	N	N		
HCFA-1793 (SH)	CHECKLIST OF AIS TRANSMITTALS	08/80	OBA	OR	SPO	N	N		
HCFA-1794 (SH)	CHECKLIST OF HANDBOOK TRANSMITTALS	03/78	OBA	OR	SPO	N	N		
HCFA-1807 (BK)	ANNUAL SURVEY INDEPENDENT HEALTH PLANS	04/82	ORD	PA	SPO	N	O	0938-0249	11/91
HCFA-1819 (SH)	REQUEST FOR THIRD PARTY BILLING	02/80	OBA	HQ	SPO	N	N		
HCFA-1820 (SH)	REQUEST FOR ADJUSTMENT OF TP MASTER	08/81	OBA	OR	HSS	N	N		
HCFA-1841 (SH)	CERTIFICATION OF TRUE COPY	02/80	BPO	OR	SPO	N	N		
HCFA-1841-A (SH)	CERTIFICATION OF TRUE COPY	02/80	BPO	OR	SPO	N	N		
HCFA-1856 (U5)	RQST TO ESTABLISH ELIGIBILITY IN HI PROGRAM	10/80	HSQB	SA	HSS	N	O	0938-0065	09/92
HCFA-1858 (SH)	DISPOSITION NOTICE THIRD PARTY CASE	02/80	OBA	OR	SPO	N	N		
HCFA-1880 (U4)	RQST FOR CERTIFICATION AS SUPPLIER OF SERVICE	10/80	HSQB	SA	HSS	N	O	0938-0027	02/91

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-1882 (BK)	PORTABLE XRAY SURVEY REPORT	12/75	HSQB	SA	HSS	N	O	0938-0027	02/91
HCFA-1883 (SH)	REQUEST FOR TP HISTORY INSERTION	06/80	OBA	HQ	HSS	N	N		
HCFA-1884 (SH)	CORRESPONDENCE SCOUTING REQUEST	08/81	OBA	OR	SPO	N	N		
HCFA-1885-A (SH)	PROVIDER CHAIN OPERATOR DATA	10/81	BPO	PA	LOC	N	Y		
HCFA-1893 (BK)	OUTPATIENT PHYSICAL THERAPY SURVEY	03/78	HSQB	SA	HSS	N	O	0938-0065	09/92
HCFA-1899 (U2)	REQUEST FOR PSC THIRD PARTY ACTION	06/81	OBA	SS	HSS	N	N		
HCFA-L1900 (SH)	STATE PT/A QMB FROUP PAYER LIMITED COVERAGE L	06/89	BPO	PA	AUT	N	N		
HCFA-L1907 (TR)	MEDICARE NOTICE	03/81	BPO	OR		N	Y		
HCFA-1929 (SH)	HEALTH PREPAYMENT CODING SHEET	01/78	BPO	OR	SPO	N	O	0938-0161	01/90
HCFA-1937 (SH)	REQUEST FOR TELETYPE MESSAGE	03/83	BPO	HQ	SPO	N	N		
HCFA-1938 (U2)	SSO REQUEST FOR CARRIER OR INTERMEDIARY ASSIS	01/88	BPO	SS	SSS	N	N		
HCFA-1945 (SH)	HCFA CORRESPONDENCE CONTROL SHEET	03/83	OBA	HQ	SPO	N	N		
HCFA-1954 (C3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	PA	HSS	N	Y		
HCFA-1954 (U3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	PA	HSS	N	Y		
HCFA-1955 (C3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/77	BPO	PA	HSS	N	Y		
HCFA-1955 (U3)	NOTICE OF MEDICARE CLAIM DETERMINATION	08/78	BPO	PA	HSS	N	Y		

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HCFA-1957 (U3)	SOCIAL SECURITY RPT OF STATE BUY-IN PROBLEM	11/80	BPO	SS	HSS	N	N		
HCFA-1960 (SH)	REQUEST FOR EVIDENCE OF MEDICAL NECESSITY	05/69	BPO	SS	SSS	N	Y		
HCFA-1961 (SH)	HCFA FORMS ORDER	12/82	OBA	OR	SPO	N	O	0938-0356	04/91
HCFA-1962 (U3)	ASSIGNMENT CONTROL AND EVALUATION RECORD	12/82	OBA	HQ	HSS	N	N		
HCFA-1963 (SH)	TASK ASSIGNMENT RECORD	05/80	ORD	OR	SPO	N	N		
HCFA-1964 (U2)	REQUEST FOR REVIEW OF PT/B MEDICARE CLAIM	08/85	BPD	PB	HSS	N	O	0938-0033	02/91
HCFA-1965 (U2)	REQUEST FOR HEARING OF PT/B MEDICARE CLAIMS	08/79	BPD	PB	HSS	N	O	0938-0034	06/90
HCFA-1966 (SM)	HEALTH INSURANCE CARD	07/88	BPO	SS	HSS	N	N		
HCFA-1966-PR (CD)	HEALTH INSURANCE CARD	03/83	BPO	SS	LOC	N	N		
HCFA-1978 (U4)	STOCK REPLENISHMENT NOTICE	06/82	OBA	OR	SPO	N	N		
HCFA-1979 (U6)	CORRESPONDENCE CONTROL RECORD	04/79	HSQB	OR	SPO	N	N		
HCFA-1980 (U3)	CARRIER OR INTERMEDIARY REQUEST FOR SSO ASSIS	03/78	BPO	PA	HSS	N	Y		
HCFA-1984 (BK)	HOSPICE COST REPORT	10/86	BPD	PA	LOC	N	O	0938-0392	06/90
HCFA-1985 (SH)	REQUEST FOR ADJUSTMENT OF HOSPICE RECORD	11/83	OBA	OR	SPO	N	N		
HCFA-2007 (U5)	PROVIDER TIE IN NOTICE	03/82	BPO	HQ	HSS	N	Y		
HCFA-2021 (SH)	HCFA RECORD SPECIFICATION	09/80	OBA	OR	SPO	N	N		

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HCFA-2022 (SH)	HCFA RECORD FORMAT	09/80	OBA	OR	SPO	N	N		
HCFA-2042 (CD)	ADMINISTRATIVE TIME & LEAVE RECORD	09/89	OBA	HQ		N	N		
HCFA-2048 (U5)	HCFA GRIEVANCE FORM	05/84	OBA	HQ	SPO	N	Y		
HCFA-2082-SUP (BK)	STAT RPT ON MEDICAL CARE:ELIGIBLES, RECIPIENT	06/87	OACT	HQ	SPO	N	O	0938-0345	01/88
HCFA-2109 (SH)	REQUEST FOR CLAIM NUMBER	07/80	OBA	OR	SPO	N	Y		
HCFA-2143 (U2)	FOLLOWUP TO MEDICARE PROVIDERS	06/73	OBA	OR	SPO	N	N		
HCFA-2174 (SH)	QUARTERLY REPORT OF CARRIER OVERPAYMENT	11/85	BPO	PB	AUT	N	Y		
HCFA-2176 (U2)	QUERY HISTORY REPORT	08/85	OBA	OR	SPO	N	N		
HCFA-2178 (U4)	HIB/SMIB PROBLEM REFERRAL	05/85	BPO	SS	HSS	N	N		
HCFA-2181-TR (SH)	NOTICE OF INTERMEDIARY HI BILL BATCH STATUS	02/81	OBA	HQ	SPO	N	Y		
HCFA-2242 (SH)	CLAIMS WORKLOAD	09/77	BPO	OR	SPO	N	N		
HCFA-2318 (SH)	REVIEW CONTROL	10/88	OBA	OR		N	N		
HCFA-2327 (U2)	RQST FOR EVIDENCE FOR ASSISTANCE OVERPAYMENT	03/82	BPO	OR	SPO	N	Y		
HCFA-2373 (SH)	REPLY TO PAYMENT RECORD CORRESPONDENCE	07/80	OBA	OR	SPO	N	N		
HCFA-2384 (U2)	THIRD PARTY PREMIUM BILLING REQUEST	03/87	BPO	SS		Y	O	0938-0041	06/90
HCFA-2416 (SH)	THIRD PARTY CODE 42 DELEGATION RECORD	02/81	OBA	OR	SPO	N	N		

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HCFA-2423 (SH)	THIRD PARTY PAYMENT AND ADJUSTMENT RECORD	01/83	OBA	OR	SPO	N	N		
HCFA-2467 (SH)	RQST FOR HIMBRSSR INFORMATION OR HI CARD	01/77	BPO	SS	SSS	N	N		
HCFA-2501 (U4)	RECONSIDERATION DETERMINATION	01/72	BPO	PA	HSS	N	Y		
HCFA-2540-86 SUP (BK)	SNF SUPPLEMENTAL WORKSHEET (QUESTIONNAIRE)	06/86	BPD	PA	HSS	N	O	0938-0463	05/91
HCFA-2540-86F (BK)	SNF/SNF HEALTH CARE COMPLEX COMPUTATION WORKS	06/86	BPD	PA	HSS	N	O	0938-0463	05/91
HCFA-2540-86H (BK)	SNF BASED HHA STATISTICAL DATA	06/86	BPD	PA	HSS	N	O	0938-0463	05/91
HCFA-2540-87 (BK)	SKILLED NURSING FACILITY & SNF HEALTH CARE CO	10/87	BPD	PA	HSS	N	N	0938-0463	05/91
HCFA-2540-87-SUP (BK)	SNF CERTIFICATION & OTHER DATA WITH INPUT SHE	07/87	BPD	PA	HSS	N	O		
HCFA-2552-84-F (BK)	EQUITY CAPITAL BALANCE SHEET COST REPORT	02/85	BPD	PA	HSS	N	O	0938-0050	12/85
HCFA-2552-85 (BK)	HOSPITAL /HOSPITAL HEALTH CARE COMPLEX COST R	02/89	BPD	PA	SPO	N	Y	0938-0050	08/92
HCFA-2552-85 (BK)	HOSPITAL & HEALTH CARE COMPLEX COST REPORT	06/88	BPD	PA		N	O		
HCFA-2552-89-A-8-1 (BK)	HOSPITAL & HOSPITAL BASED COMPONENTS SUPPLEME	12/89	BPD	PA	HSS	N	O	0938-0050	08/92
HCFA-2552-89-BASIC (BK)	HOSPITAL AND HEALTH CARE COST REPORT	12/89	BPD	PA	HSS	N	O	0938-0050	08/92
HCFA-2552-89-F (BK)	HOSPITAL COST REPORT, RETURN ON EQUITY CAPITA	12/89	BPD	PA	HSS	N	O	0938-0050	08/92
HCFA-2552-89-H (BK)	HOSPITAL BASED HHA COST REPORT	12/89	BPD	PA	HSS	N	O	0938-0050	08/92
HCFA-2554 (SH)	BUDGET DISTRIBUTION PLAN OF EXPENDITURE	09/79	BPO	OR	SPO	N	N		

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HCFA-2561 (SH)	HOSPITAL WAGE INDEX SURVEY	03/89	BPD	PA	AUT	N	N		
HCFA-2567 (U6)	STATEMENT OF DEFICIENCIES & PLAN OF CORRECTIO	10/84	HSQB	SA	HSS	N	O	0938-0391	12/90
HCFA-2567-B (U6)	POST-CERTIFICATION REVISIT REPORT	08/79	HSQB	SA	HSS	N	O	0938-0390	01/91
HCFA-2572 (SH)	STATEMENT OF FINANCIAL SOLVENCY	04/81	HSQB	RO	HSS	N	Y		
HCFA-2580 (SH)	COST CLASSIFICATION REPORT	09/79	BPO	OR	AUT	N	N		
HCFA-2589 (LB)	HI MAGNETIC TAPE LABEL	08/79	BPO	PA	HSS	N	N		
HCFA-2590 (SH)	CARRIER APPEAL REPORT	06/84	BPO	PB	AUD	N	O	0938-0452	12/90
HCFA-2592 (U4)	MEMORANDUM RECEIPT	09/80	OBA	OR	SPO	N	N		
HCFA-2628 (SH)	FOREIGN HI CLAIM ACCESSIBILITY	01/80	BPO	AB	SPO	N	N		
HCFA-2642 (TC)	PAYMENT RECORD REJECT CARD	02/81	BDMS	HQ	HSS	N	Y		
HCFA-2649 (U2)	REQUEST FOR RECONSIDERATION PART/A	08/79	BPO	OR	HSS	N	O	0938-0045	12/90
HCFA-2653-2653A (C1)	HOSPITAL INSURANCE TERMINATION NOTICE	09/78	BPO	HQ	SPO	N	N		
HCFA-2654-2654A (C1)	HOSPITAL INSURANCE TERMINATION NOTICE	07/78	BPO	HQ	SPO	N	Y		
HCFA-2672 (SH)	AUTHORIZATION TO DISCLOSE AOA SURVEY	07/78	HSQB	OR	SPO	N	Y		
HCFA-2687 (C1)	NOTICE OF MEDICARE ENROLLMENT	10/78	BPO	SS	SPO	N	Y		
HCFA-2688-2688A (C1)	NOTICE/RECORD TERMINATION HIB	07/78	BPO	OR	SPO	N	Y		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-2690 (CD)	REQUEST FOR CANCELLATION OF SMI	03/78	BPO	SS	SSS	N	Y		
HCFA-2728 (U4)	CHRONIC RENAL DISEASE MEDICAL EVIDENCE	08/87	BPO	SS	SSS	N	N	0938-0046	12/90
HCFA-2729 (U3)	LONG SUPPLY/INSUFFICIENT ACTIVITY REPORT	08/83	OBA	OR	SPO	N	N		
HCFA-2744 (BK)	ESRD FACILITY SURVEY	11/88	BDMS	OR	HSS	N	O	0938-0447	09/90
HCFA-2744-I (BK)	ESRD FACILITY SURVEY INSTRUCTIONS	11/88	BDMS	OR		N	Y		
HCFA-2745 (U4)	ESRD TRANSPLANT INFO/ESRD MEDICAL INFO SYSTEM	07/87	BDMS	HQ	HSS	Y	O	0938-0064	08/91
HCFA-2746 (U3)	ESRD DEATH NOTIFICATION	03/90	BDMS	OR		N	O	0938-0448	03/93
HCFA-2771 (SH)	STUFFER TO RETURN OR REPLACE LOST HI CARDS	07/80	OBA	OR	HSS	N	Y		
HCFA-2782 (U2)	REQUEST FOR ENTRY OF AN ITEM INTO SUPPLY SYST	12/84	OBA	OR	SPO	N	N		
HCFA-2786-A (BK)	FIRE SAFETY SURVEY REPORT 1967 CODE	08/82	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-B (BK)	FIRE SAFETY SURVEY REPORT 1973 CODE	08/82	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-C (BK)	FIRE SAFETY SURVEY REPORT (SHORT FORM)	08/82	HSQB	SA	HHS	N	O	0938-0242	05/90
HCFA-2786-D (BK)	FIRE/SMOKE ZONE EVALUATION WORKSHEET	06/82	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-F (BK)	FIRE SAFETY SURVEY REPORT 1981 CODE	12/85	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-G (BK)	FIRE SMOKE ZONE EVALUATION WORKSHEET 1981 COD	07/84	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-H (BK)	FIRE SAFETY SURVEY REPORT AMBULATORY SURGICAL	07/87	HSQB	RO		N	O		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-2786-J (BK)	FIRE SAFETY SURVEY REPORT ICF/MR- SMALL FACIL	06/86	HSQB	SA	HSS	N	N	0938-0242	05/90
HCFA-2786-K (BK)	FIRE SAFETY SURVEY RPT-ICF/MR LARGE FACILITIE	06/86	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-L (BK)	FIRE SAFETY SURVEY RPT-ICF/MR APARTMENT BLDGS	06/86	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-M (SH)	FIRE SAFETY RPT-ICF/MR RATING RESIDENTS	06/86	HSQB	SA	HSS	N	O	0938-0242	05/90
HCFA-2786-P (BK)	FIRE SAFETY SURVEY REPORT, 1985 CODE	09/89	HSQB	SA	SSN	N	O		
HCFA-2786-Q (BK)	FIRE/SMOKE ZONE EVALUATION WORKSHEET	09/89	HSQB	SA	HSS	N	O		
HCFA-2799 (SH)	REVIEW DATE CARD LOADSHEET	09/80	BQC	OR	HSS	N	Y		
HCFA-2802 (SH)	REQUEST FOR VALIDATION OF ACCREDITATION	04/86	HSQB	RO	HSS	N	N		
HCFA-2803 (SH)	ANALYSIS DATE CARD LOADSHEET	11/77	BQC	OR	HSS	N	N		
HCFA-2815 (SH)	STATE SURVEY AGENCY BUDGET REQUEST	08/76	HSQB	SA	LOC	N	Y	0938-0563	02/93
HCFA-2816 (U2)	DEPOSIT VOUCHER INDIVIDUAL PREMIUM PAYMENT	03/81	OBA	OR	SPO	N	N		
HCFA-2824 (SH)	STATE SURVEY AGENCY QUARTERLY REPORT	06/76	HSQB	SA	LOC	N	Y	0938-0562	02/93
HCFA-2829 (SH)	MASTER TRANSMITTAL CONTROL RECORD	08/79	OBA	OR	SPO	N	N		
HCFA-2878 (SH)	ALLEGATIONS CONCERNING ACCREDITED HOSPITAL	04/86	HSQB	OR		N	N		
HCFA-2891 (SH)	CRITICAL CASE REFERRAL	01/82	BPO	RO	SPO	N	N		
HCFA-2943 (SH)	REQUEST FOR CORRECTION OF HI MASTER RECORD	12/82	OBA	OR	SPO	N	N		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-3014 (SH)	REQUEST FOR CREATION OF HI MASTER RECORD	01/84	OBA	HQ	SPO	N	N		
HCFA-3015 (U2)	DMOS QUALITY REVIEW RECORD	09/88	OBA	HQ	SPO	N	N		
HCFA-3024 (SH)	WORK EXPERIENCE REPORT	03/83	OBA	OR	SPO	Y	N		
HCFA-3043 (BK)	MONTHLY CONTRACTOR FINANCIAL REPORT	09/74	BPO	OR	SPO	N	N		
HCFA-3058 (SH)	MONTHLY PERIODIC INTERIM PAYMENT REPORT	04/79	BPO	AB	SPO	N	O	0938-0384	11/90
HCFA-3070-B (BK)	ICF FOR MENTALLY RETARDED	02/81	HSQB	SA	HSS	N	O	0938-0062	02/88
HCFA-3070-G (BK)	ICF/MR SURVEY REPORT FORM	10/88	HSQB	SA	HSS	N	O		
HCFA-3070-H (BK)	ICF/MR DEFICIENCIES REPORT	10/88	HSQB	SA	HSS	N	O		
HCFA-3070-I (SH)	CLIENT OBSERVATION WORKSHEET	10/88	HSQB	SA	HSS	N	O		
HCFA-3080 (U3)	PROVIDER OVERPAYMENT CAST TRANSMITTAL	02/80	BPO	OR	SPO	N	Y		
HCFA-3083 (BK)	LAB PERSONNEL QUALIFICATION APPRAISAL	01/85	HSQB	OR	HSS	N	O	0938-0049	01/91
HCFA-3150 (U5)	OFFICE OF ADMINISTRATIVE SYSTEMS REQUEST	04/80	OBA	OR	SPO	N	N		
HCFA-3150-A (SH)	ESTIMATED RESOURCE WORKSHEET	04/80	OBA	OR	SPO	N	N		
HCFA-3151 (U4)	OFFICE OF ADMINISTRATIVE SYSTEMS BUDGET WORKS	04/80	OBA	OR	SPO	N	N		
HCFA-3177 (CD)	CREDENTIAL CARD	03/82	BQC	OR	SPO	N	Y		
HCFA-3182 (BK)	UNIFORM DESK REVIEW PROGRAM	08/86	BPD	PA		N	Y		

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-3274 (SH)	CORRECTION INPUT DATA	02/80	BPO	SS	LOC	N	N		
HCFA-3345 (SH)	TRANSMITTAL FOR INCOMPLETE SMI ENROLLMENT	02/82	BPO	OR	SSS	N	N		
HCFA-3361 (SH)	HEALTH PREPAYMENT PLAN TRANSMITTAL	10/83	BPO	OR	SPO	N	N		
HCFA-3402 (U4)	REQUEST FOR APPROVAL AS A SUPPLIER OF SERVICE	02/86	HSQB	OR	HSS	N	O	0938-0055	11/92
HCFA-3427 (BK)	ESRD FACILITY SURVEY REPORT	10/88	HSQB	SA RO		N	O	0938-0360	04/91
HCFA-3427-A (BK)	ESRD FACILITY SURVEY REPORT ADDENDUM	10/88	HSQB	SA RO	HSS	N	O	0938-0360	04/91
HCFA-3444 (SH)	OPTIONAL DATE CARD LOADSHEET	11/77	BPO	OR	HSS	N	N		
HCFA-3470 (SH)	FIS DATA ENTRY CODING SHEET	11/86	OBA	OR		N	N		
HCFA-3509 (SH)	HEALTH INSURANCE APPEAL CASE FOLDER	01/90	HSQB	PA PR		N	N		
HCFA-3518 (SH)	HI/MBR INTERCHANGE	06/81	OBA	OR	SPO	N	N		
HCFA-3763 (SH)	BILL RETRIEVAL CANCEL ONLY	04/85	OBA	HQ	SPO	N	N		
HCFA-3779 (U3)	ELECTRONIC DATA PROCESSING	06/78	OBA	HQ	HSS	N	N		
HCFA-3851 (U3)	REQUEST FOR OPM ASSISTANCE MEDICARE PRE-BILL	06/81	OBA	OR	SPO	N	N		
HCFA-3892 (U3)	OUTLINE OF PROBLEM CASES	11/79	OBA	OR	SPO	N	N		
HCFA-3896 (SH)	CASE WORK SHEET	11/80	OBA	OR	SPO	N	N		
HCFA-4040 (SH)	REQUEST FOR ENROLLMENT IN SMI	05/87	BPO	SS		Y	O	0938-0245	05/90

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
ACTIVE FORMS

FORM NUMBER	TITLE	EDITION DATE	SPON OFF	USER	SUPPLY SOURCE	PRI ACT	PUB USE	O.M.B. NUMBER	EXP. DATE
HCFA-4040-SP (SH)	REQUEST FOR ENROLLMENT IN SMI	05/87	BPO	SS		Y	O		
HCFA-L4200 (SH)	MEDICARE NOTICE	11/81	BPO	OR		N	Y		
HCFA-4563 (SH)	THIRD PARTY MASTER REINSTATEMENT	05/84	OBA	HQ	SPO	N	N		
HCFA-4641 (SH)	AUTHORIZATION TO OBTAIN PERSONAL INFORMATION	04/82	BQC	RO	HSS	N	N		
HCFA-5058 (CD)	CORRESPONDENCE ACKNOWLEDGEMENT	08/88	OBA	OR		N	Y		
HCFA-5082 (SH)	ACTIVITY HISTORY SHEET	06/81	OBA	OR	SPO	N	N		
HCFA-5082-A (SH)	HISTORY SHEET	06/81	OBA	OR	SPO	N	N		
TFS 5401 (U4)	PAYMENT VOUCHER ON LETTER OF CREDIT	06/81	BPO	HQ	HSS	N	N		
HCFA-6029 (U6)	RECEIVING REPORT	09/89	OBA	OR		N	N		
HCFA-8013 (SH)	HI MBR/SSR DATA OR HI CARD REQUEST	06/86	OBA	OR		N	N		
HCFA-8063 (SH)	INTERNAL TEMPORARY HI RECORD	06/81	BPO	OR	HSS	N	N		
HCFA-8330 (SH)	REQUEST FOR SSI JURISDICTION BUY-IN ACCRETION	09/79	OBA	OR	SPO	N	N		
HCFA-8331 (SH)	RQST FOR REPLACEMENT OF NOTICE OF UTILIZATION	04/81	OBA	OR	SPO	N	N		
HCFA-9735 (SH)	INTERMEDIARY WORKSHEET	04/80	OBA	OR	HSS	N	N		

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FORMS LISTED BY SPONSORING COMPONENT

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-40 (C1)	MEDICARE CARD ENROLLMENT FORM	BDMS
HCFA-L40-D (SH)	APPLICATION FOR MEDICAL INSURANCE UNDER MEDICARE	BDMS
HCFA-40-D (TC)	APPLICATION FOR ENROLLMENT IN SMI	BDMS
HCFA-L40-D-SP (SH)	SPANISH LANGUAGE LETTER-UN AVISO IMPORTANTE	BDMS
HCFA-40-F (TC)	APPLICATION FOR ENROLLMENT IN SMI	BDMS
HCFA-556 (PC)	ESRD SYSTEMS BRANCH POSTCARD	BDMS
HCFA-620 (SH)	REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZATION	BDMS
HCFA-621 (SH)	REQUEST FOR ADJUSTMENT OF CATASTROPHIC UTILIZATION	BDMS
HCFA-1313 (CD)	HIMEXC HIMBEX TAB CARD	BDMS
HCFA-1533 (C1)	MEDICARE BENEFITS RECORD	BDMS
HCFA-1604 (C4)	SUMMARY ACCOUNTING STATEMENT	BDMS
HCFA-1739 (TC)	RQST INFO ABOUT MED INS FOR FOREIGN BENEFICIARIES	BDMS
HCFA-1778 (TC)	HIMEXC PSC REQUEST	BDMS
HCFA-2642 (TC)	PAYMENT RECORD REJECT CARD	BDMS
HCFA-2744 (BK)	ESRD FACILITY SURVEY	BDMS
HCFA-2744-I (BK)	ESRD FACILITY SURVEY INSTRUCTIONS	BDMS

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-2745 (U4)	ESRD TRANSPLANT INFO/ESRD MEDICAL INFO SYSTEM	BDMS
HCFA-2746 (U3)	ESRD DEATH NOTIFICATION	BDMS

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-83 (SH)	TELEPHONE REPORT	BPD
HCFA-88 (BK)	SNF COST DATA EXTRACTION FORM	BPD
HCFA-89 (SH)	SNF COST DATA	BPD
HCFA-216 (BK)	APPORTIONMENT OF ALLOWABLE RETURN ON EQUITY (OPA)	BPD
HCFA-217 (SH)	EXCEPTION REQUEST LOG	BPD
HCFA-L218 (SH)	180 DAY RECEIPT LETTER	BPD
HCFA-221 (BK)	HHA COST DATA	BPD
HCFA-221-A (BK)	HHA COST DATA EXTRACTION FORM	BPD
HCFA-222 (BK)	INDEPENDENT RURAL HEALTH CLINIC	BPD
HCFA-242 (SH)	FREESTANDING FED FUNDED HLTH CENTER WORKSHEET	BPD
HCFA-265 (BK)	RENAL DIALYSIS FACILITY COST REPORT	BPD
HCFA-287 (BK)	HOME OFFICE COST STATEMENT	BPD
HCFA-375 (BK)	HOSPITAL BASED ESRD COST DATA	BPD
HCFA-376 (BK)	INDEPENDENT ESRD COST DATA	BPD
HCFA-382 (U4)	ESRD BENEFICIARY SELECTION	BPD
HCFA-430 (SH)	SNF ROUTINE COST LIMITS REQUEST FOR ADJUSTMENT	BPD

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-453 (SH)	HHA COST LIMITS REQUEST FOR SHORT PERIOD	BPD
HCFA-1007 (BK)	WKSHT TAC TARGET AMOUNT COMPUTATION	BPD
HCFA-1120 (SH)	CORRESPONDENCE DEVELOPMENT RECORD	BPD
HCFA-1660 (SH)	RQST FOR INFO MED PAYMT FOR PATIENT NOW DECEASED	BPD
HCFA-1727 (SH)	INSTRUCTIONS FOR HANDLING CORRESPONDENCE	BPD
HCFA-1728-86 (SH)	HOME HEALTH AGENCY COST REPORT	BPD
HCFA-1728-86 SUP (SH)	HHA SUPPLEMENTAL WORKSHEET	BPD
HCFA-1728-86-F3 (SE)	HHA COST REPORT EQUITY CAPITAL WORKSHEET	BPD
HCFA-1730 (BK)	APPORTIONMENT OF MALPRACTICE INSURANCE COST	BPD
HCFA-1964 (U2)	REQUEST FOR REVIEW OF PT/B MEDICARE CLAIM	BPD
HCFA-1965 (U2)	REQUEST FOR HEARING OF PT/B MEDICARE CLAIMS	BPD
HCFA-1984 (BK)	HOSPICE COST REPORT	BPD
HCFA-2088 (BK)	OUTPATIENT PHYSICAL THERAPY	BPD
HCFA-2540-86 (BK)	SNF/SNF HH COMPLEX COST REPORT	BPD
HCFA-2540-86 SUP (BK)	SNF SUPPLEMENTAL WORKSHEET (QUESTIONNAIRE)	BPD
HCFA-2540-86F (BK)	SNF/SNF HEALTH CARE COMPLEX COMPUTATION WORKSHEET	BPD

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-2540-86H (BK)	SNF BASED HHA STATISTICAL DATA	BPD
HCFA-2540-87 (BK)	SKILLED NURSING FACILITY & SNF HEALTH CARE COMPLEX	BPD
HCFA-2540-87-SUP (BK)	SNF CERTIFICATION & OTHER DATA WITH INPUT SHEETS	BPD
HCFA-2552-84-F (BK)	EQUITY CAPITAL BALANCE SHEET COST REPORT	BPD
HCFA-2552-85 (BK)	HOSPITAL /HOSPITAL HEALTH CARE COMPLEX COST RPT	BPD
HCFA-2552-85 (BK)	HOSPITAL & HEALTH CARE COMPLEX COST REPORT	BPD
HCFA-2552-89-A-8-1 (BK)	HOSPITAL & HOSPITAL BASED COMPONENTS SUPPLEMENTAL FORMS	BPD
HCFA-2552-89 BASIC (BK)	HOSPITAL AND HEALTH CARE COST REPORT	BPD
HCFA-2552-89-F (BK)	HOSPITAL COST REPORT, RETURN ON EQUITY CAPITAL	BPD
HCFA-2552-89-H (BK)	HOSPITAL BASED HHA COST REPORT	BPD
HCFA-2561 (SH)	HOSPITAL WAGE INDEX SURVEY	BPD
HCFA-3182 (BK)	UNIFORM DESK REVIEW PROGRAM	BPD

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-18 (F5)	APPLICATION FOR HOSPITAL INSURANCE	BPO
HCFA-18-SP (F5)	APPLICATION FOR HOSPITAL INSURANCE	BPO
HCFA-25 (BK)	MEDICAID PROGRAM BUDGET REPORT	BPO
HCFA-40-B (SH)	APPLICATION FOR ENROLLMENT IN SMI	BPO
HCFA-40-1966 (CD)	APPLICATION FOR ENROLLMENT IN SMI	BPO
HCFA-43 (BK)	APPLICATION FOR ENROLLMENT IN HI/SMI (ESRD)	BPO
HCFA-64 (BK)	QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	BPO
HCFA-177 (CD)	LITIGATION INDEX CARD	BPO
HCFA-179 (U7)	TRANSMITTAL & NOTICE OF APPROVAL	BPO
HCFA-189 (SH)	PROPERTY IDENTIFICATION	BPO
HCFA-190 (SH)	CARTON IDENTIFICATION	BPO
HCFA-L295 (SH)	REQUEST FOR ADDITIONAL BILLING DATA	BPO
HCFA-L325-325-A (C2)	MEDICARE INFORMATION NOTICE OF TERMINATION	BPO
HCFA-L326-326-A (C1)	RECORD OF TERMINATION OF MEDICAL INSURANCE BENEFIT	BPO
HCFA-L327-327A (C1)	MEDICARE INFORMATION: NOTICE OF TERMINATION OF SMIB/HMIB	BPO
HCFA-339 (BK)	PROVIDER COST REPORT REVIEW QUESTIONNAIRE	BPO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-348 (SH)	ROUTING AND TRANSMITTAL SLIP	BPO
HCFA-352 (U2)	PT/A RECONSIDERATION INPUT RECORD	BPO
HCFA-353 (U2)	PT/A PREHEARING INPUT RECORD	BPO
HCFA-353-A (SH)	PT/A PSRO PREHEARING INPUT RECORD	BPO
HCFA-354 (SH)	PT/A POST HEARING INPUT RECORD	BPO
HCFA-L365 (SH)	AUTOMOBILE LIABILITY INSURANCE	BPO
HCFA-383 (SH)	HOSPITAL INSURANCE CASE SUMMARY	BPO
HCFA-406 (SH)	PHYSICIANS AND SUPPLIERS OVERPAYMENTS RECOVERED	BPO
HCFA-411 (SH)	MEDICARE PROVIDER OVERPAYMENT CAUSE REPORT	BPO
HCFA-418 (BK)	BOCMIS INPUT RECORD	BPO
HCFA-420 (SH)	QUARTERLY EPSDT REPORT	BPO
HCFA-456 (SH)	INTERMEDIARY BENEFIT PAYMENT REPORT	BPO
HCFA-L457-FC (SH)	MEDICARE INFORMATION	BPO
HCFA-L458 (SH)	ACKNOWLEDGEMENT OF REQ FOR HI TERMINATION	BPO
HCFA-484 (SH)	ATTENDING PHYSICIAN'S CERTIFICATION/HOME OXYGEN	BPO
HCFA-488 (C4)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	BPO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-L564 (SH)	MEDICARE INFORMATION, SPECIAL ENROLLMENT PERIOD	BPO
HCFA-565 (SH)	MEDICARE QUALIFICATION STATEMENT FOR FED EMPLOYEES	BPO
HCFA-636-A (U3)	TRANSMITTAL NOTICE HEARING CASE	BPO
HCFA-L666 (SH)	MEDICARE BENEFIT INFORMATION	BPO
HCFA-L666-SP (SH)	INFORMACION DE BENEFICIOS	BPO
HCFA-898-F (SH)	TITLE XIX QUARTERLY COMPLIANCE REPORT	BPO
HCFA-1066 (SH)	CONTRACTOR CONTROL OF ADMINISTRATIVE FUNDS	BPO
HCFA-1269 (SH)	PT B OVERPAYMENT IDENTIFICATION AND CONTROL	BPO
HCFA-1450-UB-82 (C5)	UNIFORM BILLING FORM 82	BPO
HCFA-1450-UB-82 (U5)	UNIFORM BILLING FORM 82	BPO
HCFA-1490-S SC (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	BPO
HCFA-1490-S SP (SH)	PETICION DEL PACIENTE PARA PAGOS DE MEDICARE	BPO
HCFA-1490-U (C2)	REQUEST FOR MEDICARE PAYMENT	BPO
HCFA-1490-U (U2)	REQUEST FOR MEDICARE PAYMENT BY ORGANIZATIONS	BPO
HCFA-1490-U (SH)	REQUEST FOR MEDICARE PAYMENT	BPO
HCFA-1491-SC (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1491-SC (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO
HCFA-1491-SC (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO
HCFA-1500 (C2)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500 (C1)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500 (U2)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500 (SH)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500-PR (U2)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500-SC (U2)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500-SC (SH)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1500-SC (C2)	HEALTH INSURANCE CLAIM FORM	BPO
HCFA-1521 (SH)	CONTRACTOR DRAWS ON LETTER OF CREDIT	BPO
HCFA-1522 (SH)	MONTHLY CONTRACTOR FINANCIAL REPORT	BPO
HCFA-1523 (SH)	ADMINISTRATIVE BUDGET & COST REPORT	BPO
HCFA-1523-A (SH)	PART/A SCHEDULE OF PI'S & OTHER	BPO
HCFA-1523-B (SH)	PART/A SCHEDULE OF CREDITS, EDP & OVERHEAD	BPO
HCFA-1523-C (SH)	SCHEDULE OF APPEALS	BPO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1523-D (SH)	PART/A SCHEDULE OF MSP COSTS	BPO
HCFA-1523-E (SH)	PART/A SCHEDULE OF MR COSTS	BPO
HCFA-1524 (SH)	PART/B ADMINISTRATIVE BUDGET & COST REPORT	BPO
HCFA-1524-A (SH)	PART/B SCHEDUEL OF PI'S & OTHER	BPO
HCFA-1524-B (SH)	EART/B SCHEDULE OF CREDITS, EDP & OVERHEAD	BPO
HCFA-1524-C (SH)	SCHEDULE OF APPEALS	BPO
HCFA-1524-D (SH)	PART/B SCHEDULE OF MSP COSTS	BPO
HCFA-1524-E (SH)	PART/B SCHEDULE OF MR COSTS	BPO
HCFA-1525 (SH)	CONTRACTOR AUDITING & SETTLEMENT REPORT	BPO
HCFA-1525-A (SH)	CONTRACTOR AUDITING & SETTLEMENT REPORT	BPO
HCFA-1527 (SH)	QUARTERLY ADJUSTMENT OF TIME ACCOUNTS	BPO
HCFA-1527-A (SH)	BANK PROCESSING CHARGES-QUARTERLY	BPO
HCFA-1527-B (SH)	BANK PROCESSING CHARGES-MONTHLY	BPO
HCFA-1527-C (SH)	RECAP OF DAILY AVAILABLE BALANCES	BPO
HCFA-1528 (SH)	BUDGET DISTRIBUTION PART/A	BPO
HCFA-1529 (SH)	BUDGET DISTRIBUTION PART/B	BPO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1530 (SH)	AUDIT PRIORITY MATRIX	BPO
HCFA-1531 (SH)	PROVIDER REIMBURSEMENT PROFILE	BPO
HCFA-1531-A (SH)	SCHEDULE OF PROVIDERS SERVICED	BPO
HCFA-1563 (SH)	MONTHLY PT/A RPT ON MEDICARE SECONDARY PAYER SAVINGS	BPO
HCFA-1564 (SH)	MONTHLY PT/B RPT ON MEDICARE SECONDARY PAYER SAVINGS	BPO
HCFA-1565 (SH)	MEDICARE PROGRAM CARRIER PERFORMANCE REPORT	BPO
HCFA-1580 (SH)	AMENDMENT OF CONTRACT	BPO
HCFA-1585-1585-A (C1)	NOTICE OF MEDICAL INSURANCE ENROLLMENT(ODO)	BPO
HCFA-1585-1585-A (C1)	NOTICE OF MEDICAL INSURANCE ENROLLMENT (DIO)	BPO
HCFA-1589-1589-A (C1)	MEDICAL INSURANCE TERMINATION RECORD (ODO)	BPO
HCFA-1589-1589-A (C1)	MEDICAL INSURANCE TERMINATION RECORD (DIO)	BPO
HCFA-1590-TR (SH)	ADVANCE NOTICE OF RECOUPMENT OF BACK SMI PREMIUMS	BPO
HCFA-1591-TR (SH)	NOTICE OF RECOUPMENT	BPO
HCFA-1592 (SH)	SMI PREMIUM ACCOUNTING CARD	BPO
HCFA-1600 (U3)	REQUEST FOR CLAIM NUMBER	BPO
HCFA-L1601 (SH)	STATE PART/A QMB GROUP PAYER ACCRETION LETTER	BPO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-L1614-TR (SH)	MEDICARE NOTICE	BPO
HCFA-L1617 (SH)	STATE PT/A QMB GROUP PAYER DELETION LETTER	BPO
HCFA-L1626 (C1)	MEDICARE NOTICE	BPO
HCFA-L1636-TR (C1)	MEDICARE NOTICE	BPO
HCFA-1667 (CD)	NOTICE OF REFUND OF INSURANCE PREMIUM	BPO
HCFA-1696 (U4)	APPOINTMENT OF REPRESENTATIVE	BPO
HCFA-1763 (SH)	RQST FOR TERMINATION OF PREMIUM HI/SMI	BPO
HCFA-1771 (SH)	PHYSICIAN STMT & DOCUMENTATION OF EMERGENCY	BPO
HCFA-1841 (SH)	CERTIFICATION OF TRUE COPY	BPO
HCFA-1841-A (SH)	CERTIFICATION OF TRUE COPY	BPO
HCFA-1885-A (SH)	PROVIDER CHAIN OPERATOR DATA	BPO
HCFA-L1900 (SH)	STATE PT/A QMB FROUP PAYER LIMITED COVERAGE LETTER	BPO
HCFA-L1907 (TR)	MEDICARE NOTICE	BPO
HCFA-1929 (SH)	HEALTH PREPAYMENT CODING SHEET	BPO
HCFA-1937 (SH)	REQUEST FOR TELETYPE MESSAGE	BPO
HCFA-1938 (U2)	SSO REQUEST FOR CARRIER OR INTERMEDIARY ASSISTANCE	BPO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1954 (C3)	NOTICE OF MEDICARE CLAIM DETERMINATION	BPO
HCFA-1954 (U3)	NOTICE OF MEDICARE CLAIM DETERMINATION	BPO
HCFA-1955 (C3)	NOTICE OF MEDICARE CLAIM DETERMINATION	BPO
HCFA-1955 (U3)	NOTICE OF MEDICARE CLAIM DETERMINATION	BPO
HCFA-1957 (U3)	SOCIAL SECURITY RPT OF STATE BUY-IN PROBLEM	BPO
HCFA-1960 (SH)	REQUEST FOR EVIDENCE OF MEDICAL NECESSITY	BPO
HCFA-1966 (SM)	HEALTH INSURANCE CARD	BPO
HCFA-1966-PR (CD)	HEALTH INSURANCE CARD	BPO
HCFA-1980 (U3)	CARRIER OR INTERMEDIARY REQUEST FOR SSO ASSIST	BPO
HCFA-2007 (U5)	PROVIDER TIE IN NOTICE	BPO
HCFA-2174 (SH)	QUARTERLY REPORT OF CARRIER OVERPAYMENT	BPO
HCFA-2178 (U4)	HIB/SMIB PROBLEM REFERRAL	BPO
HCFA-2242 (SH)	CLAIMS WORKLOAD	BPO
HCFA-2327 (U2)	RQST FOR EVIDENCE FOR ASSISTANCE OVERPAYMENT	BPO
HCFA-2384 (U2)	THIRD PARTY PREMIUM BILLING REQUEST	BPO
HCFA-2467 (SH)	RQST FOR HIMBRSSR INFORMATION OR HI CARD	BPO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-2501 (U4)	RECONSIDERATION DETERMINATION	BPO
HCFA-2554 (SH)	BUDGET DISTRIBUTION PLAN OF EXPENDITURE	BPO
HCFA-2580 (SH)	COST CLASSIFICATION REPORT	BPO
HCFA-2589 (LB)	HI MAGNETIC TAPE LABEL	BPO
HCFA-2590 (SH)	CARRIER APPEAL REPORT	BPO
HCFA-2628 (SH)	FOREIGN HI CLAIM ACCESSIBILITY	BPO
HCFA-2649 (U2)	REQUEST FOR RECONSIDERATION PART/A	BPO
HCFA-2653-2653A (C1)	HOSPITAL INSURANCE TERMINATION NOTICE	BPO
HCFA-2654-2654A (C1)	HOSPITAL INSURANCE TERMINATION NOTICE	BPO
HCFA-2687 (C1)	NOTICE OF MEDICARE ENROLLMENT	BPO
HCFA-2688-2688A (C1)	NOTICE/RECORD TERMINATION HIB	BPO
HCFA-2690 (CD)	REQUEST FOR CANCELLATION OF SMI	BPO
HCFA-2728 (U4)	CHRONIC RENAL DISEASE MEDICAL EVIDENCE	BPO
HCFA-2891 (SH)	CRITICAL CASE REFERRAL	BPO
HCFA-3043 (BK)	MONTHLY CONTRACTOR FINANCIAL REPORT	BPO
HCFA-3058 (SH)	MONTHLY PERIODIC INTERIM PAYMENT REPORT	BPO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-3080 (U3)	PROVIDER OVERPAYMENT CAST TRANSMITTAL	BPO
HCFA-3274 (SH)	CORRECTION INPUT DATA	BPO
HCFA-3345 (SH)	TRANSMITTAL FOR INCOMPLETE SMI ENROLLMENT	BPO
HCFA-3361 (SH)	HEALTH PREPAYMENT PLAN TRANSMITTAL	BPO
HCFA-3444 (SH)	OPTIONAL DATE CARD LOADSHEET	BPO
HCFA-4040 (SH)	REQUEST FOR ENROLLMENT IN SMI	BPO
HCFA-4040-SP (SH)	REQUEST FOR ENROLLMENT IN SMI	BPO
HCFA-L4200 (SH)	MEDICARE NOTICE	BPO
TFS 5401 (U4)	PAYMENT VOUCHER ON LETTER OF CREDIT	BPO
HCFA-8063 (SH)	INTERNAL TEMPORARY HI RECORD	BPO

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. BQC

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-41 (SH)	QUARTERLY SHOWING	BQC
HCFA-L151 (C1)	GRANT AWARDS LETTER	BQC
HCFA-185 (SH)	EPSDT QC DATA RETRIEVAL WORKSHEET	BQC
HCFA-186 (SH)	EPSDT ADMINISTRATIVE INFORMATION REVIEW SCHEDULE	BQC
HCFA-187 (SH)	EPSDT SERVICES REVIEW SCHEDULE	BQC
HCFA-224 (SH)	HOSPITAL CREP INTERMEDIARY EVALUATION	BQC
HCFA-225 (SH)	HOSPITAL CREP PROVIDER SUMMARY	BQC
HCFA-226 (SH)	EVALUATION QUESTIONNAIRE RESULTS	BQC
HCFA-227 (SH)	HOSPITAL COST REPORT OVERVIEW	BQC
HCFA-228 (SH)	HOSPITAL BASED HHA COST REPORT OVERVIEW	BQC
HCFA-229 (SH)	HOSPITAL CREP REPORT OF FINDINGS	BQC
HCFA-301-A (BK)	MQC FACE SHEET	BQC
HCFA-302 (SH)	MEDICAID QC RPTS, HCFA-302 THRU 312	BQC
HCFA-313 (BK)	MEDICAID QC FEDERAL MONITORING SCHEDULE	BQC
HCFA-316 (SE)	WORKSHEET FOR INTEGRATED AFDC	BQC
HCFA-319 (SH)	STATE MEDICAID QC SAMPLE	BQC

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA 331 (SH)	CLAIMS PROCESSING ASSESSMENT SYSTEM REVIEW SCHEDULE	BQC
HCFA-464 (BK)	MEDICAID STATE AGENCY THIRD PARTY LIABILITY INVENTORY	BQC
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	BQC
HCFA-2799 (SH)	REVIEW DATE CARD LOADSHEET	BQC
HCFA-2803 (SH)	ANALYSIS DATE CARD LOADSHEET	BQC
HCFA 3177 (CD)	CREDENTIAL CARD	BQC
HCFA-4641 (SH)	AUTHORIZATION TO OBTAIN PERSONAL INFORMATION	BQC

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-29 (U4)	REQUEST TO ESTABLISH ELIGIBILITY	HSQB
HCFA-30 (BK)	RURAL HEALTH CLINIC SURVEY	HSQB
HCFA-35 (C3)	LABORATORY FEE REMITTANCE	HSQB
HCFA-132 (BK)	SURVEYOR INVENTORY MARCH 1983	HSQB
HCFA-197 (SH)	LICENSURE RECOMMENDATION CLIA	HSQB
HCFA-198 (U4)	REQUEST FOR CLIA LABORATORY INSPECTION	HSQB
HCFA-200 (U2)	APPLICATION FOR INITIAL OR RENEWAL OF EXEMPTION	HSQB
HCFA-201 (SH)	APPLICATION FOR RENEWAL OF LICENSE	HSQB
HCFA-202 (U2)	APPLICATION UNDER CLINICAL LAB, ACT 67	HSQB
HCFA-203 (SH)	SERVICES OFFERED IN INTERSTATE COMMERCE	HSQB
HCFA-206 (SH)	APPLICATION FOR LICENSURE UNDER CLIA, ACT 67	HSQB
HCFA-209 (U2)	LABORATORY PERSONNEL REPORT	HSQB
HCFA-211 (SH)	CLINICAL LABORATORIES LICENSE	HSQB
HCFA-262 (U5)	RQST TO ESTABLISH ELIG IN MEDICARE AS PT	HSQB
HCFA-282 (BK)	BLOOD BANK INSPECTION CHECKLIST & REPORT	HSQB
HCFA-359 (U4)	CORF REQUEST FOR CERTIFICATION	HSQB

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-360 (BK)	CORF SURVEY REPORT	HSQB
HCFA-370 (SH)	HEALTH INSURANCE BENEFITS AGREEMENT	HSQB
HCFA-370 (SH)	HEALTH INSURANCE BENEFITS AGREEMENT	HSQB
HCFA-377 (U4)	AMBULATORY SURGICAL CENTER REQUEST	HSQB
HCFA-378 (BK)	AMBULATORY SURGICAL CENTER SURVEY REPORT	HSQB
HCFA-381 (SH)	IDENTIFICATION OF EXTENSION UNITS	HSQB
HCFA-384 (SH)	PSRO CASE SUMMARY	HSQB
HCFA-417 (U5)	HOSPICE REQUEST FOR CERTIFICATION IN MEDICARE	HSQB
HCFA-422 (SH)	EVALUATION OF TRAINING PROGRAM	HSQB
HCFA-423 (SH)	SURVEYOR PARTICIPANT REACTION SHEET	HSQB
HCFA-434 (SH)	CERTIFICATION WORKLOAD REPORT FORM	HSQB
HCFA-435 (SH)	CERTIFICATION BUDGET EXPENDITURE REPORT FORM	HSQB
HCFA-437 (BK)	PSYCHIATRIC UNIT CRITERIA WORKSHEET	HSQB
HCFA-437-B (SH)	DRUG ALCOHOL HOSPITALS & DRUG ALCOHOL UNIT	HSQB
HCFA-449 (BK)	HOSPICE SURVEY REPORT	HSQB
HCFA-462 (U2)	ADVERSE ACTION EXTRACT	HSQB

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-485 (C4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	HSQB
HCFA-485 (U4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	HSQB
HCFA-486 (C3)	MEDICAL UPDATE & PATIENT INFORMATION	HSQB
HCFA-486 (U3)	MEDICAL UPDATE & PATIENT INFORMATION	HSQB
HCFA-487 (C4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	HSQB
HCFA-487 (U4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	HSQB
HCFA-488 (U2)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	HSQB
HCFA-525 (BK)	MEDICARE/MEDICAID SNF/ICF SURVEY REPORT PT/A	HSQB
HCFA-534 (SH)	FEDERAL SURVEY DATA EXTRACT SHEET	HSQB
HCFA-538 (SH)	SURVEYOR CHARACTERISTICS AND TRAINING QUESTIONNAIRE	HSQB
HCFA-562 (U4)	MEDICARE/MEDICAID COMPLAINT FORM	HSQB
HCFA-576 (U3)	APPLICATION FOR ORGAN PROCUREMENT	HSQB
HCFA-576-A (SH)	AGREEMENT NOTICE FOR HCFA-576	HSQB
HCFA-618 (BK)	PRO BUDGET AND COST REPORT SUMMARY	HSQB
HCFA-636 (U2)	TRANSMITTAL NOTICE HEARING CASE	HSQB
HCFA-670 (BK)	SURVEY TEAM COMPOSITION AND WORKLOAD REPORT	HSQB

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA 671 (BK)	SNF/ICF APPLICATION FOR MEDICARE & MEDICAID	HSQB
HCFA 672 (BK)	RESIDENT CENSUS AND CONDITIONS OF RESIDENTS	HSQB
HCFA 673 (BK)	EXTENDED SURVEY JUSTIFICATION WORKSHEET	HSQB
HCFA 674 (SH)	RESIDENTS RIGHTS & QUALITY OF LIFE	HSQB
HCFA 675 (BK)	RESIDENT RIGHTS/QUALITY OF LIFE; INTERVIEW GUIDE	HSQB
HCFA 676 (SH)	QUALITY OF CARE ASSESSMENT WORKSHEET	HSQB
HCFA 677 (BK)	MEDICATION PASS WORKSHEET	HSQB
HCFA-678 (SH)	ENVIRONMENT QUALITY ASSESSMENT UNIT WORKSHEET	HSQB
HCFA-679-A (SH)	DIETARY SERVICES SYSTEM WORKSHEET	HSQB
HCFA 679 B (SH)	DIETARY SERVICES SYSTEM WORKSHEET, DINNING AREA	HSQB
HCFA-679-C (SH)	DIETARY SERVICES SYSTEM WORKSHEET, RESIDENT DINNING	HSQB
HCFA-680 (SH)	CLOSED RECORDS DISCHARHE REVIEW WORKSHEET	HSQB
HCFA-681 (SH)	SURVEYER NOTES WORKSHEET	HSQB
HCFA-682 (SH)	RESIDENT ROSTER	HSQB
HCFA-1465 (SH)	STATE SURVEY AGENCY BUDGET REQUEST	HSQB
HCFA-1465-A (SH)	STATE AGENCY BUDGET LIST OF POSITIONS	HSQB

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1467 (SH)	STATE SURVEY AGENCY BUDGET NOTICE OF APPROVAL	HSQB
HCFA-1469 (SH)	FINANCIAL ACCOUNTABILITY STATEMENT	HSQB
HCFA-1469-A (SH)	STATE SURVEY QUARTERLY EXPENDITURE REPORT	HSQB
HCFA-1513 (U5)	OWNERSHIP & CONTROL INTEREST DISCLOSURE STATEMENT	HSQB
HCFA-1514 (U5)	HOSPITAL REQUEST TO ESTABLISH ELIGIBILITY	HSQB
HCFA-1515 (U5)	HHA RQST TO ESTABLISH ELIGIBILITY	HSQB
HCFA-1516 (U5)	LONG TERM CARE FACILITY REQUEST FOR CERTIFICATION	HSQB
HCFA-1537 (BK)	HOSPITAL SURVEY REPORT	HSQB
HCFA-1537-A (BK)	MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY REPORT	HSQB
HCFA-1537-C (BK)	HOSPITAL PROVIDER OF LTC (SWING-BED) REPORT	HSQB
HCFA-1539 (U5)	MEDICARE MEDICAID CERTIFICATION & TRANSMITTAL	HSQB
HCFA-1539-A (U2)	CERTIFICATION AND TRANSMITTAL SPELL OF ILLNESS	HSQB
HCFA-1540 (U2)	MEDICARE ESRD CERTIFICATION TRANSMITTAL	HSQB
HCFA-1557 (BK)	CLINICAL LAB SURVEY REPORT	HSQB
HCFA-1561 (SH)	HEALTH INSURANCE BENEFIT AGREEMENT	HSQB
HCFA-1572 (BK)	HHA SURVEY REPORT	HSQB

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1666 (SH)	R/O RQST FOR ADDITIONAL INFORMATION	HSQB
HCFA-1856 (U5)	RQST TO ESTABLISH ELIGIBILITY IN HI PROGRAM	HSQB
HCFA-1880 (U4)	RQST FOR CERTIFICATION AS SUPPLIER OF SERVICES	HSQB
HCFA-1882 (BK)	PORTABLE XRAY SURVEY REPORT	HSQB
HCFA-1893 (BK)	OUTPATIENT PHYSICAL THERAPY SURVEY	HSQB
HCFA-1979 (U6)	CORRESPONDENCE CONTROL RECORD	HSQB
HCFA-2567 (U6)	STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION	HSQB
HCFA-2567-B (U6)	POST-CERTIFICATION REVISIT REPORT	HSQB
HCFA-2572 (SH)	STATEMENT OF FINANCIAL SOLVENCY	HSQB
HCFA-2672 (SH)	AUTHORIZATION TO DISCLOSE AOA SURVEY	HSQB
HCFA-2786-A (BK)	FIRE SAFETY SURVEY REPORT 1967 CODE	HSQB
HCFA-2786-B (BK)	FIRE SAFETY SURVEY REPORT 1973 CODE	HSQB
HCFA-2786-C (BK)	FIRE SAFETY SURVEY REPORT (SHORT FORM)	HSQB
HCFA-2786-D (BK)	FIRE/SMOKE ZONE EVALUATION WORKSHEET	HSQB
HCFA-2786-F (BK)	FIRE SAFETY SURVEY REPORT 1981 CODE	HSQB
HCFA-2786-G (BK)	FIRE SMOKE ZONE EVALUATION WORKSHEET 1981 CODE	HSQB

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-2786-H (BK)	FIRE SAFETY SURVEY REPORT AMBULATORY SURGICAL	HSQB
HCFA-2786-J (BK)	FIRE SAFETY SURVEY REPORT ICF/MR- SMALL FACILITIES	HSQB
HCFA-2786-K (BK)	FIRE SAFETY SURVEY RPT-ICF/MR LARGE FACILITIES	HSQB
HCFA-2786-L (BK)	FIRE SAFETY SURVEY RPT-ICF/MR APARTMENT BLDGS	HSQB
HCFA-2786-M (SH)	FIRE SAFETY RPT-ICF/MR RATING RESIDENTS	HSQB
HCFA-2786-P (BK)	FIRE SAFETY SURVEY REPORT, 1985 CODE	HSQB
HCFA-2786-Q (BK)	FIRE/SMOKE ZONE EVALUATION WORKSHEET	HSQB
HCFA-2802 (SH)	REQUEST FOR VALIDATION OF ACCREDITATION	HSQB
HCFA-2815 (SH)	STATE SURVEY AGENCY BUDGET REQUEST	HSQB
HCFA-2824 (SH)	STATE SURVEY AGENCY QUARTERLY REPORT	HSQB
HCFA-2878 (SH)	ALLEGATIONS CONCERNING ACCREDITED HOSPITAL	HSQB
HCFA-3070-B (BK)	ICF FOR MENTALLY RETARDED	HSQB
HCFA-3070-G (BK)	ICF/MR SURVEY REPORT FORM	HSQB
HCFA-3070-H (BK)	ICF/MR DEFICIENCIES REPORT	HSQB
HCFA-3070-I (SH)	CLIENT OBSERVATION WORKSHEET	HSQB
HCFA-3083 (BK)	LAB PERSONNEL QUALIFICATION APPRAISAL	HSQB

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-3402 (U4)	REQUEST FOR APPROVAL AS A SUPPLIER OF SERVICES	HSQB
HCFA-3427 (BK)	ESRD FACILITY SURVEY REPORT	HSQB
HCFA-3427-A (BK)	ESRD FACILITY SURVEY REPORT ADDENDUM	HSQB
HCFA-3509 (SH)	HEALTH INSURANCE APPEAL CASE FOLDER	HSQB

HEALTH CARE FINANCING ADMINISTRATION
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FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-57 (LB)	ADVISORY COUNCIL ON SOCIAL SECURITY	OA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-475 (SH)	SURVEY OF PRIVATE HEALTH INSURANCE	OACT
HCFA-L476 (SH)	FOLLOWUP LTR TO SURVEY OF PRIVATE HEALTH PLANS	OACT
HCFA-2082-SUP (BK)	STAT RPT ON MEDICAL CARE:ELIGIBLES, RECIPIENTS, PAYMENTS	OACT

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1 (SH)	REQUEST FOR FORMS ACTION	OBA
HCFA-2 (SH)	INFORMATION FOR CLEARANCE OF PUBLIC USE FORMS	OBA
HCFA-6 (U6)	NOTICE OF GRANT AWARD	OBA
HCFA-7 (CD)	APPLICATION ACKNOWLEDGEMENT RECORD	OBA
HCFA-8 (CD)	HCFA ANNUAL PASS	OBA
HCFA-9 (U4)	HCFA PROPERTY PASS	OBA
HCFA-55 (LB)	HHS/HCFA MAILING LABEL	OBA
HCFA-56 (LB)	HCFA MAILING LABEL	OBA
HCFA-70 (CD)	PERSONNEL FOLDER CHARGE-OUT CARD	OBA
HCFA-76 (PC)	CHANGE OF ADDRESS POSTCARD	OBA
HCFA-76-A (PC)	CHANGE OF ADDRESS CARD	OBA
HCFA-79 (U2)	HCFA TRAINING EVALUATION FORM	OBA
HCFA-113 (CD)	QUARTERLY PIP REPORT CONTROL CARD	OBA
HCFA-128 (SH)	RECORD OF EXIT INTERVIEW	OBA
HCFA-129 (SH)	EMPLOYEE CLEARANCE & ACCOUNTABILITY FORM	OBA
HCFA-133 (SH)	GRANT CONTROL LEDGER	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
SF 135 (SH)	RECORDS TRANSMITTAL & RECEIPT	OBA
SF 135-A (SH)	RECORDS TRANSMITTAL RECEIPT	OBA
HCFA-139 (SH)	TELEPHONE SERVICE REQUEST	OBA
HCFA-144 (U7)	FACILITIES MODIFICATION REQUEST	OBA
HCFA-145 (SH)	APPLICATION FOR GOVERNMENT ID CARD	OBA
SF 148 (U8)	ORDER FOR SUPPLIES/SERVICES SCHEDULE CONTINIATION	OBA
HCFA-150 (U3)	SUSPENSE NOTICE	OBA
HCFA-L154 (SH)	REQUEST FOR MEDICARE PREMIUM PAYMENT	OBA
HCFA-158 (U4)	CONFERENCE ROOM RESERVATION REQUEST	OBA
HCFA-160 (U4)	APPLICATION FOR SPECIAL WOODLAWN PARKING	OBA
HCFA-162 (SH)	BUREAU DIRECTORS CITATION	OBA
HCFA-171 (SH)	RECOMMENDATION FOR CASH AWARD	OBA
HCFA-182 (SH)	APPLICATION FOR PARKING	OBA
HCFA-182-A (SH)	PRIVACY ACT STATEMENT FOR PARKING APPLICATION	OBA
SF 215 (U5)	DEPOSIT TICKET	OBA
HCFA-219 (SH)	EMPLOYEE REPORT OF FOOD SERVICE	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-220 (SH)	MOTOR VEHICLE TRIP TICKET	OBA
HCFA-230 (TC)	REIMBURSEABLE TIMECARD	OBA
HCFA-244 (U3)	GRANTS MONITORING STATEMENT	OBA
HCFA-260 (SH)	REQUEST FOR REPLACEMENT OF HIMBEX CARD	OBA
HCFA-264 (U3)	RQST FOR PSC ACTION MEDICARE - CS CASE	OBA
HCFA-277 (U2)	REQUEST FOR GRAPHICS SERVICES	OBA
HCFA-283 (U3)	PACKAGING & DISTRIBUTION TRANSMITTAL	OBA
HCFA-297 (U4)	DEPOSIT VOUCHER RECEIPT	OBA
HCFA-300 (U3)	REQUEST AND AUTHORIZATION FOR OVERTIME	OBA
HCFA-323 (U3)	TELEPHONE SERVICE ORDER	OBA
HCFA-L325 (SH)	RECORDS TRANSMITTAL	OBA
HCFA-329 (SH)	EMPLOYEE LOCATOR AND TELEPHONE DIRECTORY	OBA
HCFA-336 (SH)	CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	OBA
HCFA-340 (U3)	MONEY CONTROL RECORD	OBA
HCFA-L342 (SH)	QUERY HISTORY REPLY	OBA
HCFA-347 (U2)	REQUEST FOR DESK TO DESK DISTRIBUTION	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-358 (SH)	APPLICANT RATING SHEET	OBA
HCFA-361 (CD)	BLOOD ASSURANCE INFORMATION CARD	OBA
HCFA-362 (CD)	STOCK REPLENISHMENT CARD	OBA
HCFA-363 (U2)	ADJUSTMENTS TO COOLWHIP	OBA
HCFA-364 (CD)	SERIAL NO. REGISTER & MAINTAINANCE RECORD	OBA
HCFA-L366	YOUR INQUIRY ABOUT CLAIM RELATED HI/SMI	OBA
HCFA-369 (CD)	MAILING LIST REVIEW RESPONSE CARD	OBA
HCFA-373 (SH)	ADDENDUM TO SF 171	OBA
HCFA-374 (U4)	STATUS OF STAFFING ACTION	OBA
HCFA-385 (SH)	TRAINING EVALUATION	OBA
HCFA-L389 (SH)	ADJUSTMENT ACTION REQUEST	OBA
HCFA-391 (U3)	BENEFICIARY CORRESPONDENCE CONTROL SHEET	OBA
HCFA-394 (SH)	TYPING INSTRUCTIONS	OBA
HCFA-400 (U6)	PRINTING SERVICES REQUISITION	OBA
HCFA-402 (U2)	REQUEST FOR HCFA MOVERS SERVICES	OBA
HCFA-404 (SH)	HCFA CONFERENCE PLAN	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-405 (SH)	RQST FOR RPLCMT OF UTILIZATION NOTICE/HI CARD	OBA
HCFA-407 (SH)	HCFA CONFERENCE END-OF-YEAR REPORT	OBA
HCFA-419 (SH)	PERFORMANCE APPRAISAL WORKPLAN SUMMARY	OBA
HCFA-419-A (SH)	PERFORMANCE APPRAISAL WORKPLAN	OBA
HCFA-419-B (SH)	PERFORMANCE APPRAISAL WORKSHEET	OBA
HCFA-419-C (SH)	PROGRESS REVIEW CHART	OBA
HCFA-421 (SH)	FORMS ACTION LOG	OBA
HCFA-424 (SH)	REQUEST FOR ADJUSTMENT OF SECONDARY PAYOR	OBA
HCFA-428 (SH)	REQ FOR SPECIAL BATCH NOTICES	OBA
HCFA-432 (U10)	ORDER FOR SUPPLIES OR SERVICES	OBA
HCFA-432-A (U8)	ORDER FOR SUPPLIES OR SERVICES	OBA
HCFA-432-B (U10)	ORDER FOR SUPPLIES OR SERVICES	OBA
HCFA-433 (U8)	ORDER FOR SUPPLIES OR SERVICES CONTINUATION	OBA
HCFA-436 (SH)	NON-MERIT PAY APPLICANT RATING SHEET	OBA
HCFA-438 (SH)	DAILY TIME & ATTENDANCE ROSTER	OBA
HCFA-439 (U4)	REQUEST FOR GOVERNMENT BILL OF LADING	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-440 (SH)	ENTREX HIPO MBR BCM DATA ENTRY REQUEST	OBA
HHS 441 (SH)	ASSURANCE OF COMPLIANCE	OBA
HHS 441-A (SH)	EXPLANATION OF HHS-441 (INSTRUCTIONS)	OBA
HCFA-442 (SH)	GENERAL OBLIGATION LEDGER	OBA
HCFA-450 (SH)	CORRESPONDENCE ASSIGNMENT SHEET	OBA
HCFA-473 (CD)	METER READING CARD	OBA
HCFA-478 (SH)	REQ FOR CHANGE TO SCHEDULE OF ALLOCATED POSITIONS	OBA
HCFA-479 (U3)	REQUEST FOR CARD KEY	OBA
HCFA-480 (U2)	PROCEDURE FOR USE OF CARD KEY ACCESS SYSTEM	OBA
HCFA-499 (SH)	HCFA PERFORMANCE APPRAISAL SUMMARY DATA	OBA
HCFA-499-A (SH)	DPT EPMS: HCFA PERFORMANCE APPRAISAL DATA	OBA
HCFA-499-B (SH)	HCFA EPMS PERFORMANCE PLAN, PROGRESS REVIEW/RATING	OBA
HHS 508 (SH)	CONFERENCE AND CALL RECORD	OBA
HCFA-530 (SH)	MBCCS FINDER PRINTOUT REQUEST	OBA
HCFA-532 (CD)	SIGNATURE CARD FOR DEPARTMENT SEAL	OBA
HCFA-533 (SH)	CONTRACTOR INVENTORY OF MEDICARE FORMS	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-535 (SH)	LABEL REQUEST	OBA
HCFA-542 (U2)	VISITOR PARKING PERMITS	OBA
HCFA-559 (U2)	PROVIDER TIE-IN NOTICE	OBA
HCFA-560 (U3)	PRINTING ACTIVITY CHECKSHEET	OBA
HCFA-561 (SH)	ROUTINE BUILDING INSPECTION REPORT	OBA
HCFA-597 (SH)	ALJ HEARING FACT SHEET PART 2, CLAIM DENIAL	OBA
HCFA-598 (SH)	ALJ HEARING REQUEST LOG	OBA
HCFA-599 (SH)	EXAMPLE ALJ HEARING EXIBIT LIST	OBA
HCFA-600 (SH)	REASONABLE CHARGE RECORD	OBA
HCFA-601 (SH)	PROFESSIONAL QUALIFICATIONS	OBA
HCFA-L913 (SH)	INABILITY TO PROCESS ACCRETION	OBA
HCFA-L1001 (SH)	NOTIFICATION OF INTERNAL ADJUSTMENTS	OBA
HCFA-1042 (SH)	REQ FOR DISTRIBUTION OF MANUALS, FORMS & PUBLICATIONS	OBA
HCFA-1099-MISC (C3)	MISCELLANEOUS INCOME	OBA
HCFA-1118 (SH)	TASK LIST FOR WORK DISTRIBUTION	OBA
HCFA-1119 (SH)	ACTIVITY LIST FOR WORK DISTRIBUTION	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1215 (CD)	COST REPORT CONTROL	OBA
HCFA-1325 (SH)	CHECK DEPOSIT VOUCHER THIRD PARTY MEDICARE	OBA
HCFA-1349 (SH)	REQUEST FOR REFERENCE TO HI RECORDS	OBA
HCFA-1363 (SH)	REQUEST FOR ADJUSTMENT OF HI UTILIZATION	OBA
HCFA-1364 (SH)	REQUEST FOR ADJUSTMENT OF HI ENTITLEMENT	OBA
HCFA-1506 (SH)	PART B SCOUT SHEET	OBA
HCFA-L1573 (U3)	MEDICAL INSURANCE PREMIUMS RECEIVED & DEPOSITED	OBA
HCFA-1593 (SH)	HCFA AIS CLEARANCE REQUEST	OBA
HCFA-1605 (SH)	MBR BCM PRINTOUT REQUEST	OBA
HCFA-1607 (SH)	HEALTH INSURANCE PRINTOUT LOCATOR CARDS	OBA
HCFA-1664 (SH)	RQST FOR NAME & SEX CORRECTION OF HI RECORD	OBA
HCFA-1686 (SH)	REFERENCE MATERIAL REQUESTS	OBA
HCFA-1705 (SH)	ADJUSTMENT FORM FOR INPATIENT HOSPITAL & SNF BILLS	OBA
HCFA-1706 (SH)	ADJUSTMENT FORM FOR CHRISTIAN SCIENCE BILLS	OBA
HCFA-1707 (SH)	ADJUSTMENT FORM FOR HOME HEALTH BILLS	OBA
HCFA-1723 (SH)	FLOW PROCESS CHART	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1724 (SH)	WORK DISTRIBUTION CHART	OBA
HCFA-1725 (SH)	MEDICARE PROBLEM REFERRAL	OBA
HCFA-1760 (SH)	HCFA MAILING LIST ACCRETION	OBA
HCFA-1761 (SH)	TRANSMITTAL FOR FORWARDING HI BILLS	OBA
HCFA-1767 (SH)	RQST FOR DO. ASSIST STATE BUY-IN VERIFICATION	OBA
HCFA-1777 (SH)	REQUEST FOR REPLACEMENT OF HCFA-1778	OBA
HCFA-1793 (SH)	CHECKLIST OF AIS TRANSMITTALS	OBA
HCFA-1794 (SH)	CHECKLIST OF HANDBOOK TRANSMITTALS	OBA
HCFA-1819 (SH)	REQUEST FOR THIRD PARTY BILLING	OBA
HCFA-1820 (SH)	REQUEST FOR ADJUSTMENT OF TP MASTER	OBA
HCFA-1858 (SH)	DISPOSITION NOTICE THIRD PARTY CASE	OBA
HCFA-1883 (SH)	REQUEST FOR TP HISTORY INSERTION	OBA
HCFA-1884 (SH)	CORRESPONDENCE SCOUTING REQUEST	OBA
HCFA-1899 (U2)	REQUEST FOR PSC THIRD PARTY ACTION	OBA
HCFA-1945 (SH)	HCFA CORRESPONDENCE CONTROL SHEET	OBA
HCFA-1961 (SH)	HCFA FORMS ORDER	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-1962 (U3)	ASSIGNMENT CONTROL AND EVALUATION RECORD	OBA
HCFA-1978 (U4)	STOCK REPLENISHMENT NOTICE	OBA
HCFA-1985 (SH)	REQUEST FOR ADJUSTMENT OF HOSPICE RECORD	OBA
HCFA-2021 (SH)	HCFA RECORD SPECIFICATION	OBA
HCFA-2022 (SH)	HCFA RECORD FORMAT	OBA
HCFA-2042 (CD)	ADMINISTRATIVE TIME & LEAVE RECORD	OBA
HCFA-2048 (U5)	HCFA GRIEVANCE FORM	OBA
HCFA-2109 (SH)	REQUEST FOR CLAIM NUMBER	OBA
HCFA-2143 (U2)	FOLLOWUP TO MEDICARE PROVIDERS	OBA
HCFA-2176 (U2)	QUERY HISTORY REPORT	OBA
HCFA-2181-TR (SH)	NOTICE OF INTERMEDIARY HI BILL BATCH STATUS	OBA
HCFA-2318 (SH)	REVIEW CONTROL	OBA
HCFA-2373 (SH)	REPLY TO PAYMENT RECORD CORRESPONDENCE	OBA
HCFA-2416 (SH)	THIRD PARTY CODE 42 DELEGATION RECORD	OBA
HCFA-2423 (SH)	THIRD PARTY PAYMENT AND ADJUSTMENT RECORD	OBA
HCFA-2592 (U4)	MEMORANDUM RECEIPT	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-2729 (U3)	LONG SUPPLY/INSUFFICIENT ACTIVITY REPORT	OBA
HCFA-2771 (SH)	STUFFER TO RETURN OR REPLACE LOST HI CARDS	OBA
HCFA-2782 (U2)	REQUEST FOR ENTRY OF AN ITEM INTO SUPPLY SYSTEM	OBA
HCFA-2816 (U2)	DEPOSIT VOUCHER INDIVIDUAL PREMIUM PAYMENT	OBA
HCFA-2829 (SH)	MASTER TRANSMITTAL CONTROL RECORD	OBA
HCFA-2943 (SH)	REQUEST FOR CORRECTION OF HI MASTER RECORD	OBA
HCFA-3014 (SH)	REQUEST FOR CREATION OF HI MASTER RECORD	OBA
HCFA-3015 (U2)	DMOS QUALITY REVIEW RECORD	OBA
HCFA-3024 (SH)	WORK EXPERIENCE REPORT	OBA
HCFA-3150 (U5)	OFFICE OF ADMINISTRATIVE SYSTEMS REQUEST	OBA
HCFA-3150-A (SH)	ESTIMATED RESOURCE WORKSHEET	OBA
HCFA-3151 (U4)	OFFICE OF ADMINISTRATIVE SYSTEMS BUDGET WORKSHOP	OBA
HCFA-3470 (SH)	FIS DATA ENTRY CODING SHEET	OBA
HCFA-3518 (SH)	HI/MBR INTERCHANGE	OBA
HCFA-3763 (SH)	BILL RETRIEVAL CANCEL ONLY	OBA
HCFA-3779 (U3)	ELECTRONIC DATA PROCESSING	OBA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-3851 (U3)	REQUEST FOR OPM ASSISTANCE MEDICARE PRE-BILL	OBA
HCFA-3892 (U3)	OUTLINE OF PROBLEM CASES	OBA
HCFA-3896 (SH)	CASE WORK SHEET	OBA
HCFA-4563 (SH)	THIRD PARTY MASTER REINSTATEMENT	OBA
HCFA-5058 (CD)	CORRESPONDENCE ACKNOWLEDGEMENT	OBA
HCFA-5082 (SH)	ACTIVITY HISTORY SHEET	OBA
HCFA-5082-A (SH)	HISTORY SHEET	OBA
HCFA-6029 (U6)	RECEIVING REPORT	OBA
HCFA-8013 (SH)	HI MBR/SSR DATA OR HI CARD REQUEST	OBA
HCFA-8330 (SH)	REQUEST FOR SSI JURISDICTION BUY-IN ACCRETION	OBA
HCFA-8331 (SH)	RQST FOR REPLACEMENT OF NOTICE OF UTILIZATION	OBA
HCFA-9735 (SH)	INTERMEDIARY WORKSHEET	OBA

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. OEO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-168 (SH)	PROGRAM INSTRUCTIONS CLEARANCE TRANSMITTAL	OEO

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-410 (SH)	CONGRESSIONAL CONTACT REPORT	OLP

HEALTH CARE FINANCING ADMINISTRATION
FORMS INFORMATION SYSTEM (FIS)
CATALOG OF FORMS FOR .. OPA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-395 (CD)	FOIA CASE CARD	OPA
HHS 632 (SH)	FREEDOM OF INFORMATION REQUEST	OPA
HCFA-633 (U4)	INVOICE OF FEES FOR FOIA SERVICES	OPA

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-563 (LB)	MAILING LABELS	OPHC
HCFA-566 (SH)	HMO/ COMPETITIVE MEDICAL PLAN (CMP) DISENROLLMENT FORM	OPHC

FORM NUMBER	TITLE	SPONSORING OFFICE
HCFA-127 (U2)	REQUEST FOR MEDICARE PAYMENT	ORD
HCFA-127-A (U2)	TRANSMITTAL OF REQUESTS FOR MEDICARE PAYMENT	ORD
HCFA-127-C (C2)	REQUEST FOR MEDICARE PAYMENT	ORD
HCFA-392 (CD)	PROJECT STATUS RECORD	ORD
HCFA-472 (SH)	STATEMENT OF CUMULATIVE EXPEN FOR DEMO PROJECT	ORD
HCFA-502 (SH)	HCFA WAIVER COST ESTIMATES	ORD
HCFA-586 (SH)	APPLICATION KIT REQUEST FORM	ORD
HCFA-898 (SH)	STATE LISTING BY REGION	ORD
HCFA-1622 (C1)	NOTICE OF DECISION ON PT/B MEDICARE CLAIM	ORD
HCFA-1703 (SH)	IMAGER CODING FORMAT	ORD
HCFA-1807 (BK)	ANNUAL SURVEY INDEPENDENT HEALTH PLANS	ORD
HCFA-1963 (SH)	TASK ASSIGNMENT RECORD	ORD

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OBSOLETE FORMS

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-10-PG (BK)	FEDERAL ASSISTANCE	OBA	1988
OF 11 (U3)	REFERENCE REQUEST	HHS	1987
OF 11 (U3)	REFERENCE REQUEST FEDERAL RECORD CENTER	OBA	1987
HCFA-11-APG (BK)	FEDERAL ASSISTANCE APPLICATION INSTRUCTIONS	OBA	1987
HCFA-11-PG (BK)	FEDERAL ASSISTANCE	OBA	1987
HCFA-18-SP (F5)	APPLICATION FOR HOSPITAL INSURANCE	BPO	1987
HCFA-25 (BK)	MEDICAID PROGRAM BUDGET REPORT	BPO	1987
HCFA-30-E (SH)	CRUCIAL DATA EXTRACT	HSQB	1988
HCFA-64 (BK)	QUARTERLY MEDICAID STATEMENT OF EXPENDITURES	BPO	1987
HCFA-78 (SH)	TRAINING CERTIFICATE	OBA	1987
HCFA-92 (BK)	COMPUTATION OF INTERIM RATES	BPD	1988
SF 135-A (SH)	RECORDS TRANSMITTAL RECEIPT	OBA	1987
HCFA-145 (SH)	APPLICATION FOR GOVERNMENT ID CARD	OBA	1988
HCFA-151 (SH)	GRANTS AWARDS LETTER	BQC	1987
HCFA-L151 (SH)	GRANT AWARD LETTER	BPO	1987
HCFA-203 (SH)	SERVICES OFFERED IN INTERSTATE COMMERCE	HSQB	1987

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-221 (BK)	HHA COST DATA	BPD	1987
HCFA-221-A (BK)	HHA COST DATA EXTRACTION FORM	BPD	1987
HCFA-262 (U5)	RQST TO ESTABLISH ELIG IN MEDICARE AS PT	HSQB	1988
HCFA-283 (U3)	PACKAGING & DISTRIBUTION TRANSMITTAL	OBA	1987
HCFA-300 (U3)	REQUEST AND AUTHORIZATION FOR OVERTIME	OBA	1987
HCFA-301 (BK)	CROSS REF SSA-4357 MEDICAID QC	BQC	1987
HCFA-325 (SH)	RECORDS TRANSMITTAL	OBA	1987
HCFA-L327 (C1)	NOTICE OF TERMINATION OF MEDICAL INS BENEFITSN	BPO	1987
HCFA-L327-327/A (C2)	MEDICARE INFORMATION NOTICE OF TERMINATION OF SMI	BPO	1987
HCFA-331 (SH)	CLAIMS PROCESSING REVIEW SCHEDULE	BQC	1988
HCFA-336 (SH)	CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	OBA	1987
HCFA-336 (SH)	CONTRACT MEMO OF TRANSMITTAL AND CHECKLIST	OBA	1989
HCFA-360 (BK)	CORF SURVEY REPORT	HSQB	1987
HCFA-L365 (SH)	REPORT TO MEDICARE OF AUTOMOBILE/LIABILITY INS	BPO	1987
HCFA-374 (U4)	STATUS OF STAFFING ACTION	OBA	1988
HCFA-374 (SH)	VACANCY ANNOUNCEMENT NOTIFICATION	OBA	1988

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-384 (SH)	PSRO CASE SUMMARY	BPO	1987
HCFA-384 (SH)	PSRO CASE SUMMARY	HSQB	1988
HCFA-419 (SH)	PERFORMANCE APPRAISAL WORKPLAN SUMMARY	OBA	1987
HCFA-432 (U8)	ORDER FOR SUPPLIES OR SERVICES BENSON IMPRINT	OBA	1989
HCFA-432 (U8)	ORDER FOR SUPPLIES OR SERVICES BENSON IMPRINT	OBA	1989
HCFA-432-A (U8)	ORDER FOR SUPPLIES OR SERVICES GC3 SHIP ADDRESS	OBA	1988
HCFA-432-B (U8)	ORDER FOR SUPPLIES OR SERVICES BLANK ADDRESS	OBA	1989
HCFA-442 (SH)	GENERAL OBLIGATION LEDGER	OBA	1989
HCFA-L457-FC (SH)	MEDICARE INFORMATION -FOREIGN CLAIM	BPO	1987
HCFA-462 (SH)	ADVERSE ACTION	HSQB	1988
HCFA-462 (SH)	ADVERSE ACTION	HSQB	1988
HCFA-464 (BK)	MEDICAID STATE AGENCY THIRD PARTY LIABILITY	BPO	1987
HCFA-479 (U3)	REQUEST FOR CARD KEY	OBA	1987
HCFA-480 (U2)	PROCEDURE FOR USE OF CARD KEY ACCESS SYSTEM	OBA	1987
HCFA-485 (C4)	HOME HEALTH CERIFICATION & PLAN OF TREATMENT	HSQB	1987
HCFA-485 (U4)	HOME HEALTH CERTIFICATION & PLAN OF TREATMENT	HSQB	1987

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-486 (C3)	MEDICAL UPDATE & PATIENT INFORMATION	HSQB	1987
HCFA-486 (U3)	MEDICAL UPDATE & PATIENT INFORMATION	HSQB	1987
HCFA-487 (C4)	PLAN OF TREATMENT MEDICAL UPDATE & PATIENT	HSQB	1987
HCFA-487 (U4)	PLAN OF TREATMENT MED UPDATE AND PATIENT	HSQB	1987
HCFA-488 (U2)	HHA INTERMEDIARY MEDICAL INFORMATION REQUEST	HSQB	1987
HCFA-499-A (SH)	DPT EPMS: HCFA PERFORMANCE APPRAISAL DATA	OBA	1988
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	BQC	1989
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	BQC	1988
HCFA-537 (SH)	BILL REVIEW DOCUMENTATION SUMMARY	BQC	1988
HCFA-538 (SH)	SURVEYOR CHARACTERISTICS AND TRAINING QUESTIONNAIRE	HSQB	1987
HCFA-562 (U4)	MEDICARE/MEDICAID COMPLAINT FORM	HSQB	1989
HCFA-566 (SH)	HMO/ COMPETITIVE MEDICAL PLAN (CMP) DISENROLLMENT FORM	OPHC	1987
HCFA-590 (CD)	CERTIFICATE OF APPOINTMENT-ADMINISTRATIVE LAW JUDGE	BMHA	1988
HCFA-591 (CD)	ADMINISTRATIVE LAW JUDGE IDENTIFICATION CARD	BMHA	1988
HCFA-L623-623A (C1)	NOTICE REGARDING COLLECTION OF MEDICARE PREMIUMS	BPO	1988
HHS 632 (SH)	FREEDOM OF INFORMATION REQUEST	OPA	1987

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-633 (U5)	INVOICE OF FEES FOR FOIA SERVICES	OPA	1987
HCFA-636 (U2)	TRANSMITTAL NOTICE HEARING CASE	BPO	1988
HCFA-1042 (SH)	REQUEST FOR DISTRIBUTION OF FORMS	OBA	1987
TFS 1099 (C3)	MISCELLANEOUS INCOME STATEMENT	OBA	1988
HCFA-1120 (SH)	CORRESPONDENCE DEVELOPMENT RECORD	BPD	1987
HCFA-1490-S (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	BPO	1987
HCFA-1490-S SC (SH)	PATIENT'S REQUEST FOR MEDICARE PAYMENT	BPO	1987
HCFA-1490-S SP (SH)	PATIENTS REQUEST FOR MEDICARE PAYMENT	BPO	1989
HCFA-1490-U (C3)	REQUEST FOR MEDICARE PAYMENT	BPO	1987
HCFA-1490-U (C1)	REQUEST FOR MEDICARE PAYMENT	BPO	1987
HCFA-1490-U (C2)	REQUEST FOR MEDICARE PAYMENT	BPO	1988
HCFA-1491 (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491/(U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491 (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491 (C3)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491 (U3)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-1491 (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491 (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491 (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491-OCR (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491-RIMA (U3)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491-SC (U2)	REQUEST FOR MEDICARE PAYMENT AMBULANCE	BPO	1987
HCFA-1491-SC (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491-SC (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1987
HCFA-1491-SC (SH)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491-SC (U2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1491-SC (C2)	REQUEST FOR MEDICARE PAYMENT, AMBULANCE	BPO	1989
HCFA-1500 (C3)	HEALTH INSURANCE CLAIM FORM	BPO	1987
HCFA-1500 (U3)	HEALTH INSURANCE CLAIM FORM	BPO	1987
HCFA-1500-SC (C1)	HEALTH INSURANCE CLAIM FORM	BPO	1987
HCFA-1533 (C1)	MEDICARE BENEFITS RECORD	BDMS	1987
HCFA-1537 (BK)	HOSPITAL SURVEY REPORT	HSQB	1989

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-1537-B (BK)	TUBERCULOSIS HOSPITAL SURVEY REPORT	HSQB	1988
HCFA-1551 (SH)	DIRECT DEALING PROVIDER INPUT WORKSHEET	BPO	1987
HCFA-1566 (SH)	MEDICARE PROGRAM INTERMEDIARY WORKLOAD REPORT	BQC	1987
HCFA-1569 (BK)	SNF SURVEY REPORT	HSQB	1988
HCFA-1589-1589-A (C1)	MEDICAL INSURANCE TERMINATION RECORD(DIO)	BPO	1987
HCFA-1727 (SH)	INSTRUCTIONS FOR HANDLING CORRESPONDENCE	BPD	1989
HCFA-1727 (SH)	INSTRUCTIONS FOR HANDLING CORRESPONDENCE	BPD	1987
HCFA-1822 (SH)	QUARTERLY PROVIDER AUDIT ACTIVITY REPORT	BPO	1989
HCFA-1938 (U4)	SOCIAL SECURITY OFFICE RQST FOR ASSISTANCE	BPO	1988
HCFA-1966 (CD)	HEALTH INSURANCE CARD	BPO	1989
HCFA-2042 (CD)	ADMINISTRATIVE TIME & LEAVE RECORD	OBA	1988
HCFA-2042 (CD)	ADMINISTRATIVE TIME & LEAVE RECORD	OBA	1989
HCFA-2318 (SH)	REVIEW CONTROL	OBA	1988
HCFA-2384 (U2)	THIRD PARTY PREMIUM BILLING REQUEST	BPO	1987
HCFA-2552-81 (BK)	HOSPITAL SNF & HEALTH CARE COMPLEX	BPD	1987
HCFA-2552-81-J (SH)	COST REPORT FORM	BPD	1988

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-2552-84 (BK)	HOSPITAL COST REPORT	BPD	1988
HCFA-2552-84-H (BK)	HOSPITAL BASED HHA STATISTICAL DATA COST REPORT	BPD	1988
HCFA-2552-85 (BK)	HOSPITAL & HEALTH CARE COMPLEX COST REPORT	BPD	1988
HCFA-2567-A (U6)	STATEMENT OF DEFICIENCIES (CONTINUATION)	HSQB	1988
HCFA-2674 (SH)	AUTHORIZATION TO DISCLOSE JCAH SURVEY	HSQB	1988
HCFA-2728 (U4)	CHRONIC RENAL DISEASE MEDICAL EVIDENCE REPORT	BPO	1987
HCFA-2744 (BK)	ESRD FACILITY SURVEY	BDMS	1988
HCFA-2745 (U3)	ESRD TRANSPLANT INFORMATION	BDMS	1987
HCFA-2786-H (BK)	FIRE SAFETY SURVEY REPORT AMBULATORY SURGICAL	HSQB	1987
HCFA-2817 (C2)	CLAIMS ADJUDICATION QUALITY REVIEW	BQC	1987
HCFA-2817 (C2)	CLAIMS ADJUDICATION QUALITY REVIEW	BQC	1989
HCFA-2817 (U2)	CLAIMS ADJUDICATION QUALITY REVIEW	BQC	1989
HCFA-2817 (C2)	CLAIMS ADJUDICATION QUALITY REVIEW	BQC	1987
HCFA-2878 (SH)	ALLEGATIONS CONCERNING ACCREDITED HOSPITAL	HSQB	1987
HCFA-3015 (U3)	GROUP PREMIUM REVIEW RECORD	OBA	1988
HCFA-3042 (BK)	PHYSICAL THERAPIST IN INDEPENDENT PRACTICE REPORT	HSQB	1988

FORM NUMBER	TITLE	SPONSORING OFFICE	YEAR OBSOLETED
HCFA-3402 (U4)	REQUEST FOR APPROVAL AS A SUPPLIER OF SERVICES	HSQB	1988
HCFA-3427 (BK)	ESRD FACILITY SURVEY REPORT	HSQB	1987
HCFA-3427 (BK)	ESRD FACILITY SURVEY REPORT	HSQB	1988
HCFA-3509 (SH)	HEALTH INSURANCE APPEAL CASE FOLDER	BPO	1988
HCFA-4040 (SH)	REQUEST FOR ENROLLMENT IN SMI	BPO	1987
HCFA-4040-SP (SH)	REQUEST FOR ENROLLMENT IN SMI	BPO	1987
HA5011 (U6)	REQUEST FOR HEARING PT/A HI BENEFITS	BPO	1989
HA 5011 (U6)	REQUEST FOR HEARING PT/A HI BENEFITS	BPO	1987
HCFA-5058 (CD)	CORRESPONDENCE ACKNOWLEDGEMENT	OBA	1988

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